I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION					OCA 2224186						
C	ORI	NC	NC 02	10200				REPORT					Date / Time Reported SMTWIFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									│ │ Att │ At Found │ SMTW邽FS						05 19 2022 07:00 Hrs. Last Known Secure SMTHTFS			
N T	#1 Simple Assault-non Aggravated Assault									☐ Att At Found S M T M F F S Last Known Secure S M T M F S M Onth Day Yr Time Last Known Secure S M T M M T M S Com 05 19 2022 07:00 Hrs 05 18 2022 12:00									
D	D #2 Crime Incident																Offense Tract		
A T	Crime Incident Science 1 2803 Kinwell Dr, Winston-salem I															03 Victim Resider	323		
A	#3	Jiiiie i	ncident						☐ Att Premise Type ☐ Com					☐ Single Family ☐ Multi Family					
МО			d or Com						•				Forcible Yes	X N/A	We	apon / Tools			
																cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		igious L.E. Off Name (Last, First,			uty 🔲 Othe	er/Un	know	'n 🗆	Internal [nscious B / Age	Other			□N/A Resident Status		
C T	V1	v ictiii/							Crime #	DO:	23	Race	sex	To Offender					
I	DATA OMITTED										1,			$\mid B \mid$	F		☐ Non-Resident ☐ Unknown		
M	Home	Addre	ess			D.	ATA OMI	TED						Home Phone					
	Employer Name/Address DATA OMI													Business Phone					
,	VYR	Color Lic/Lis Vi						Vin											
O T																			
Н																			
E R																			
S																			
I	DATA OMITTED																		
N																			
O	v O																		
L V																			
E D																			
Status	S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec Victim		column	f recovered for othe	r jur	Í													
	#	I DOTE OF LOTE OF A						Property Description						Mak	ce/Mo		rial Number TA OMITTED		
P - R -																	FOR		
																	FORMATION		
					_												SECURITY		
O P					\dashv												PURPOSES		
E ·					\dashv											ON	LY THE FIRST		
T .																	VE PROPERTY		
Y																	ITEMS ARE		
					\Box												SPLAYED ON		
					\dashv											P:	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0				1						
ID	Office	r		ID			Officer Sig		-				Supervisor			14646)			
ID	COGGINS, M. L. (15571) Complainant Signature Case Statu									Case Disposition:						D. W. (14646)			
a.	Further									tion	☐ Unfor	nded	☐ Loca	nted	a to C	Extr	adition Declined		
Status							Closed									Page 1			