I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2239772								
C ·	ORI	NG			02102	1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034				A ++	At Four	nd	Islm	ıl ırl a		08		17 2022	Time 2 00:19 Hrs. 5 M T W T F S			
N T	#1) Assault-non Agg	ı —	Month Day Yr Time Month Day Yr Time									Time					
D .	#2		ncident	1554411 11011 1187	5,,,,,	Circu Tist		_	Att			Incident	2 00	7.19 1113	1 00			Offense Tract	
A	☐ Com 4001 Thomasville Rd, Wins															n-salem NC 27107 213 Victim Residence Type			
T A	#3	rime I	ncident						Att Com	Premise	Typ	pe				- 1		nce Type ly ∏Multi Family	
МО			d or Com		Forcible Yes						Forcible Yes	Weapon / Tools							
	No No															lcohol Use:			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknow Internal Unconscious Other Major No N/A																		
V I	$\frac{I}{I}$	liation/		igious L.E. Off Name (Last, First,			uty 🔲 Othe	er/Uı	nknow	/n	-			nscious	Other	Majo		□N/A Resident Status	
C T	V1	v icuiii/			MIG	uie)					- 1	Victim of Crime #	DOI	3 / Age 31	Race	Sex	Relationship To Offender		
I	* 1	DA	ΓA OMITTED					1			$\mid B \mid$	M	1ST	☐ Non-Resident ☐ Unknown					
М -	Home Address DATA OMIT									 TTED					l	Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vi						Vin											
О																			
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E																			
_	DATA OMITTED																		
I N	I N V																		
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O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	= Burr	C = 0	Cou	unterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo	odel Se	rial Number		
- - P - R													DA	TA OMITTED					
																	IN	FOR FORMATION	
																		SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R																		LY THE FIRST	
T Y																		VE PROPERTY ITEMS ARE	
-																		SPLAYED ON	
-																	P	2C REPORTS	
-					\Box														
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		o re				1	Supervisor	Signati	ure			
ID	CARDWELL, D. C. (16283)														r Signature ES, S. (14637)				
	Complainant Signature Case State									tion		Case Dispos		□ Loca	ated		□ Extr	adition Declined	
Status					ive	_			Cleared	by A	rrest 🗌	Refuse	e to C	ooperate	2 conned				
							☐ Closed			hausted				rrest by Ano				Page 1	