I N	Agenc	y Name		STON-SALEN	— И Р	OLICE] IN	CIE	CIDENT/INVESTIGATION						OCA 2410921					
C	ORI	NG				1		REPORT						Date / Time Reported 및 S M T W 기포 S Month Day Yr Time						
D E	10		NC 034				A 44	At Foun	d	Islw	l Tl W	TI-FIS	03		29 2024	Time 4				
N	#1) Assault-non Agg	ı —	TT: C								th Day Yr Time						
T	#2		ncident	1334411 11011 1158	5/41	aica 115.	Sauti	-	Att	03 Location			# 13	:40 HIS	03			13:47 Hrs. Offense Tract		
D A	Com 608 Anson St, Winston-salem NC 27103																312			
T A	#3	Crime I	ncident						Att Com	Premise 7	Тур	e				- 1	/ictim Reside	nce Type ly ∏Multi Family		
	How A	Attacke	d or Con	mitted					For					Forcible	ole Weapon / Tools					
МО	D.	ATA O)				☐ Yes ☐ No	N/A												
	# of V	ictims	Туре	Ŋ Person	_	Business				Injury		None		_	Loss o		I -	lcohol Use:		
V	I ☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/A															_				
I		Victim/		Name (Last, First,			<u>, </u>				T	Victim of		B / Age	Race		Relationship	Resident Status		
C T	V1 DATA OMITTED Crime #													29			To Offender	Resident Non-Resident		
I M												1,			В	F	1AQ	Unknown		
	Home	Addre	ess		D	ITED							Home Phone							
	Employer Name/Address DATA OMI									TTED					Business Phone					
	VYR	Color Lic/Lis Vin						Vin	<u> </u>											
О																				
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E	H E																			
R S																				
							$D\Delta T\Delta$	(ЭM	TTTF	7 F)								
I N	DATA OMITTED																			
V																				
O L																				
V E																				
D																				
Status Codes																				
Codes	Victim		Status	Value		Pro	nerty	Description	On.				Mak	e/Mo	del Se	rial Number				
,	#	# DCI Status Value OJ QTY Property Description									Ivian	.0/11/10		TA OMITTED						
																		FOR		
Р -																	IN	FORMATION SECURITY		
R O																		PURPOSES		
P -																				
R																		LY THE FIRST		
Т Ү.																		VE PROPERTY		
٠.																		ITEMS ARE ISPLAYED ON		
-																		2C REPORTS		
	Numb		ehicles S	-		mber Vehi	cles Recovere		0 re				ī	Supervisor	Signati	ıre				
ID	JOYNER, S. W. (16313)								COX							or Signature <i>C. M.</i> (15574)				
	Complainant Signature Case State									Case Disposition: nvestigation							□ Extı	adition Declined		
Status					tive	Cleared by Arrest Refuse to Cooperate														
							☐ Closed			hausted				nder 🗆				Page 1		