I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2411808									
I C	ORI	NC	NC 02	10200	1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time								
D E			NC 034					☐ Att At Found SMTWTES Month Day Yr Time							Day 17 Time 15:19 Hrs.					
N T	#1			, Assault-non Agg	rava	ated Ass	ault	ı —	Com	Month 04	D			lime 5:19 Hrs				Time 15:18 Hrs.		
D.	#2		ncident						-	Location			† 1.	0.19	1 04		73 2024	Offense Tract		
A	Com 100 Hanes Mall Bv, Winston-salem H Com 100 Hanes Mall Bv, Winston-salem Att Premise Type																	322		
T A	#3	Jillie I	ncident						Com	Premise	тур	ie				- 1	Victim Resid Single Farr	ily ∏Multi Family		
МО			d or Com						!					Forcible	N/A	We	apon / Tools	<u> </u>		
	DATA OMITTED Yes X N/A No																			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown																			
V	1		☐ Rel	igious 🔲 L.E. Off	icer L	ine of Du			know	. –	•			scious [Other	nons Majo		_		
I C		Victim/	Business	Name (Last, First,	Middl	le)			Victim of I Crime #				DOI	OB / Age Race		Sex	Relationship To Offender			
T I	V1		DA	ΓA OMITTED				`	1,		30	$\mid W \mid$	$_{F}$	10K	☐ Non-Resident					
М -	Home	Addre	ss						1,					ne Phone	Unknown					
	DATA OMI														Business Phone					
	DATA OMI																Business Filone			
	VYR	M	ake	Model	Sty	le	Color		Lic	c/Lis				Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cou	nterfeit / F	orged	F = Found	d					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del S	erial Number			
- - P - R													D	ATA OMITTED						
					-									-			I	FOR NFORMATION		
																		SECURITY		
O P -																		PURPOSES		
Р Е -																		AH M WHE FID OF		
R T																		NLY THE FIRST LVE PROPERTY		
Y ·					+												1 11	ITEMS ARE		
-																	Ι	DISPLAYED ON		
																		P2C REPORTS		
-	N7 -		1 . 1 . ~	. 1	N.	1 1771		1	^											
	Numb Office:		ehicles S	tolen 0		ber Vehic	Officer Sig		e e				I	Supervisor	Signati	ıre				
ID	PHILLIPS, C. K. (16316)								MCKAUĞHAN, A. M. (14884)											
	Complainant Signature Case State									tion		ase Dispos ☐ Unfoun		☐ Loca	ated		⊓ Ex	tradition Declined		
Status							☐ Inact	ive /Clea	ıred		j	☐ Cleared ☐ Cleared	by A	rrest	Refuse other Ag	gency	ooperate Γ	Page 1		