| I N | Agenc | y Name | | NSTON-SALEN | 1 P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2411950 | | | | | |
|---|---|--|-----------|-----------------------|--------|------------|---------------------------|---|---------|--------|-----------------------|------------|---------------------------------|--------------------------------|--|-------------------------------------|----------|----------|----------|----------|
| I C | ORI | NC | NC 034 | 40200 | | | 1 | | | KEP | JKI | . I | | | /Time Reported S M T W Day Yr Time 4 06 2024 18:39 | | | | | |
| D E | 17 | | | | | | | . 1 | A / E 1 | l cl w | il 파티 wi | 메티이 | 04 | | | | | | | |
| N | #1 | Crime Incident(s) Simple Assault-non Aggravated Assault | | | | | | | I i | | Day Yr | Т | TF≦ ime | | | n Secure Say Y | | Time | • | - |
| Τ. | | | | Assault-non Agg | zrav | ated Ass | sault | □ X C | _ | | | 1 18 | 3:39 Hrs | 04 | 10 | 06 20 | | 18:3 | | s. |
| D | #2 Crime Incident | | | | | | | | | | | | | NC 2 | C 27105 Offense Tract 121 | | | | | |
| A T | | Crime Incident Com 206 Melody Ln, Winston-salem NC | | | | | | | | | | | | | Victim Residence Type | | | | | |
| A | # \$1 | | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | | | |
| | How A | Attacke | d or Con | nmitted | | | | | | | | | Forcible | | _ | apon / To | | | | Ť |
| MO | DATA OMITTED Yes XIN/A | | | | | | | | | | | | | | | _ | | | | |
| | # of V | ictims | Туре | Per Dance | _ | D | | | | Injury | ☐ None | TX M | | Loss o | f Tool | h Dri | 10/Ala | cohol I | Use: | \dashv |
| | | ictinis | l | | _ | Business | inancial Institu | ute | | | ☐ None Broken Bone | .s S | | | | | - | | | ը |
| V | 2 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | | ce Sex Relationship Resident Status | | | | |
| C T | V1 | | DA' | TA OMITTED | | | | | | | Crime # | | 34 | | | To Offer | | | esident | |
| I | | | DA | TA OMITTED | | | | | | | 1, | | | B | $M \mid IVO, 2F \mid \Box$ Unkn | | | | on-Resid | en |
| М . | Home | Addre | ss | | | | 4.E.4. O.1. | | | | | | | | Home Phone | | | | | |
| | | | | | | D. | ATA OMI | TED | | | | | | | | | | | | _ |
| | Empl | oyer Na | me/Add | ress | | D. | ATA OMI | MITTED | | | | | | Business Phone | | | | | | |
| | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | \dashv | | | |
| | | | | | | yle | | | | | | | | | | | | | | _ |
| E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | Column | ii recovered for othe | er jui | ĺ | | | | | | | | | | | | | | \dashv |
| P - R - O - | # DCI Status Value C | | | | | QTY | | Property Description | | | | | Make/Model Serial Nu DATA ON | | | | | \dashv | | |
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| R T Y · | | | | | | | | | | | | | | | | Т | | | OPERT' | —I |
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| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | | | | |
| | | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | \dashv |
| ID | HIATT, J. T. (16081) Complainant Signature Case | | | | | | | | | | a 5: | | KORN, | V, A. R. (15714) | | | | | | |
| | Comp | lainant | Signatur | e | | | | ase Status Case Disposition: Graph Purther Investigation Unfounded Log | | | | | | cated Extradition Declined | | | | | | |
| Status | | | | | | | ☐ Inact ☐ Closed ☐ Closed | ive /Cleare | d | | Cleared | by Ar | rest rest by And | Refuse other Ag | gency | ooperate | _ | | ge 1 | - |