I N	Agenc	y Name		VSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2412187							
C I	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		│ │ □ Att │ At Found │ Sᅫ T 씨 T F S						04 08 2024 18:39 Hrs.								
N T	#1			, Assault-non Agg	ı —	Month Day Yr Time Month Day Yr								Day Yr 🗀	Time $18:38$ Hrs.				
D	#2		ncident				-	Location			10	0.59 1110	<u> </u>			Offense Tract			
A	Com 599 Robbins Rd/high Point Rd,															Winston-salem 213 Victim Residence Type			
T A	#3	Jime I	ncident					☐ Att Premise Type ☐ Com						Single Family Multi Family					
МО			d or Com											Forcible Yes	N/A	_	apon / Tools	· - ·	
	No No																		
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Property Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Unknown Type Type																		
V	1		☐ Rel	igious 🔲 L.E. Off	icer L	Line of Du			know	. –			Uncor	scious	Other	Majo	r 🛛 🗖 No	N/A	
I C		Victim/	Business	Name (Last, First,					1	ctim of ime #	DOE	3 / Age 32	Race		Relationship To Offender	Resident Status Resident			
T I	V1 DATA OMITTED													32	$\mid w \mid$	M	1ST	☐ Non-Resident	
M	Home Address														''		ne Phone	Unknown	
	Employer Name/Address DATA OMI DATA OMI														Business Phone				
	VYR Make Model Style Color								Lic/Lis					Vin					
	VIK	IVI	akc	Wiodei	Sty	/IC	Color		Lic	/L15				VIII					
O 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 = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	erfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED					
					+												IN	FOR FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	01	U V THE EID OT	
R T					_													ILY THE FIRST VE PROPERTY	
Y ·					+													ITEMS ARE	
																		ISPLAYED ON	
																	P	2C REPORTS	
-	N7 -		1 . 1 . ~	. 1	<u> </u>	1 17 11	1 5	1	^										
	Numb Office:		ehicles S	tolen 0		iber Vehic	cles Recovered Officer Sig		e e				T	Supervisor	Signati	ıre			
ID	FISHER, C. D. (16079)								JACO							BS, T. R. (15814)			
	Complainant Signature Case State									Case Disposition: nvestigation Unfounded Located Extr							adition Declined		
Status							☐ Inact	ive /Clea	ared			Cleared Cleared	by Ar	rest rest by Ano	Refuse ther Ag	gency	ooperate $\ \ \ \ \ \ \ \ \ \ \ \ \ $	Page 1	