							_						_					
I N	Agenc	y Nam		VSTON-SALE	POLICE	INCIDENT/INVESTIGATION							OCA 2423288					
C · I	ORI		,,,,,,				REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D			NC 034									06 30 2024 16:32 Hrs						
E N	#1	Crime I	ncident(s	, ,			□ Att	At Fo Mont		Day Yr	T W	T F S Lme	Last Kr Month	nown Se Day	cure Yr	<u>SMTWTFS</u> Time		
Т		7		Counterfeitin	g-us	sing		X Com	06			4 16:	32 Hrs	06	30	2024	16:31 Hrs	
D	Com 201 W Fourth St Winston sal														7101		Offense Tract 111	
A T	#3	Crime Insident												1110 27		n Reside	ence Type	
А	#3							Com							□ Sin	gle Fam	ily □ Multi Family	
MO	How Attacked or Committed Forcible														Weapon / Tools			
	$ \begin{array}{c} \square \ \text{Tes} \ \square \ \text{IVA} \\ \square \ \text{No} \end{array} $																	
v	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1			ligious 🔲 L.E. Of					vn	_	nternal		□ Severe	Lacerations □ Yes □ Unknown Other Major ☑ No □N/A				
Ι	<u> </u>	Victim/		Name (Last, First,			<u> </u>				Victim of	DOB		Race S	ex Rela	tionship	Resident Status	
C T	V1		DA	TA OMITTED							Crime #				ToC	Offender	Resident ☐ Non-Residen	
I M·											1,						Unknown	
	Home	e Addre	ess			D	ATA OMI	ГTED						Home Phone				
	Empl	oyer Na	ame/Add	ress		D	ATA OMI	TED						Business Phone				
	VYR	1.14	ake	1 M - 1-1	1.0		Color		c/Lis				V.					
	VIK	IVI	аке	Model	3	tyle	Color		C/LIS				Vin					
E R S I N V O L V E D	DATA OMITTED																	
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Bur	ned C	= Co	ounterfeit / F	orged	F = Foun	d				
Codes														1				
	#	# DCI Status Value OJ QTY						Property Description							Model		erial Number	
		77 3 1 COUNTERFEIT \$10.00									DATA OMITTED FOR							
																I	NFORMATION	
P- R																	SECURITY	
0																	PURPOSES	
Р ⁻ Е -																		
R -																	NLY THE FIRST	
T Y																IWEI	ITEMS ARE	
																D	ISPLAYED ON	
-																1	P2C REPORTS	
-																		
	Numb Office		ehicles S	9	Nu D#	mber Vehi	cles Recovere					1 (Supervisor	Signature	<u>.</u>			
ID	SMI	TH, L	D. G. (1-	4704)	ν π								WAGO	or Signature ONER, S. D. (15802)				
Status	Comp	lainant	Signatur	e			Case Status	Investigative	tion		Case Dispos	ded by Arr		Refuse to	o Coope		radition Declined	
									hausted		\square Death of			Prosecut		lined	Page 1	