| Ι | Agenc | y Name | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2424458 | | | | | |
|-----------------|---|-----------------|----------------------|-------------------|--------------|---------------------|---------------------|-----------------------|------------------|--|----------------|--------|-------------------------|----------------------|--------------------------|------------------------|------------------|-----------|--|
| N C | ORI | | WI | VSTON-SALE | W P | OLICE | - | REPORT | | | | | | | | | | | |
| I D | UKI | NC | NC 034 | 40200 | | | | | | Date / Time Reported SMT F TFS Month Day Yr Time 07 10 2024 09:04 Hrs. | | | | | | | | | |
| Е | | Crime In | ncident(s | 3) | | | 1 | 🗆 Att | At | Found | S₽ | ΤW | TFS | | | | SMIWI | | |
| N T | #1 | | Obtai | ning Money By | Fal | se Preter | Day Yr 08 2024 | | ime 2:00 Hrs | | 02 | | Time | Hrs. | | | | | |
| D | 1 ± 2 Crime Incident \Box Att Location of Incident | | | | | | | | | | | | | | | | Offense Tra | act | |
| A T | | Tuima I | ncident | | | | | Com | | 060 F nise T | ile St, Win | ston- | salem NC | 27101 | | tim Dagid | 222 ence Type | | |
| A | #3 | | neiuent | | | | | ☐ Att ☐ Com | 1101 | inse i | уре | | | | | | ily ⊡Multi I | Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible | A N/A | Weapo | on / Tools | | | |
| V I | # of Victims Type A Person Business Injury X None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 | | So 🗆 | ciety 🔲 Governn | nent | 🗆 F | inancial Institu | | | | Broken Bone | s | □ Severe | | | | es 🗆 Unkn | nown | |
| | | 7:-4: | | ligious 🔲 L.E. Of | | | uty 🗌 Othe | er/Unknov | vn | | Internal | | | Other M Race | <u> </u> | | | C 4 - 4 | |
| Ċ | | | | | | | | | | | | | | | Sex Re To | lationship Offender | Resident S | | |
| T I | V1 | | DA | TA OMITTED | | | | | | | 1, | | ,, | | M | 1RU | Non-Re | esiden | |
| M · | Home | Addre | ss | | | | | | | | 1, | | | | Home I | - | 🗖 Unkno | wn | |
| | | | | | | D | ATA OMI | ITED | | | | | | | | | | | |
| | Empl | oyer Na | ame/Add | ress | | D | ATA OMI | ITED | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | | Vin | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered | D = er iu | Damaged risdiction) | Z = Seized | B = Burr | ned | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | orged | F = Found | 1 | | | | | |
| | Victim | | | | | Í | | Property Description | | | | | | | Make/Model Serial Number | | | | |
| | # DCI Status Value OJ QTY Property Descrip 1 77 7 1 1 MONETARY LOSS | | | | | | | | npuo | 1 | | WIAKC | Widdei | | ATA OMITI | | | | |
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| R | | | | | | | | | | | | | | | | | SECURITY | | |
| O P· | | | | | | | | | | | | | | | | | PURPOSE | <u>.s</u> | |
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| - | P. | | | | | | | | | | | | | | P2C REPOR | .15 | | | |
| - | Numh | er of V | ehicles S | Stolen () | Nu | mber Vehi | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | r | | II | D# | | Officer Sig | | | | | | Supervisor | Signatur | e | / 1 - 1 | | | |
| ID | | | . E. (15 Signatur | | | | Case Status | MAT | | | | | | | TISŎN, G. M. (15167) | | | | |
| | □ Further Investigation □ Unfounded □ Lo | | | | | | | | | | | | | ated | | □ ^{Ex} | tradition Dec | lined | |
| Status | | | | | | | □ Inact | ive /Cleared | | | Cleared | | rest ─ □ rest by Ano | Refuse t ther Age | o Coop ncv | perate | | | |
| | | | | | | | | | haust | ed | Death of | f Offe | nder \square | Prosecu | | eclined | Page 1 | 1 | |