I N	Agenc	y Nam	e WIM	. IN	INCIDENT/INVESTIGATION							OCA 2424602								
C	ORI	NC	NC 02	40200			1	REPORT								Date / Time Reported SMTWIFS Month Day Yr Time				
D E	10		NC 034			I□ Att At Found SM T-W TFS							07 11 2024 08:31 Hrs.							
N T	#1	Jimio I	nerdeni(s	, Counterfeiting	_	☐ Att At Found S M T M T F S Last F Month North Nor								th Day Yr Time						
D	#2	Crime I	ncident		,	6		_	Att	Location	ı of	Incident						Offense Tract		
Α	Crime Incident																	324		
T A	#3	Jrime i	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family				
МО	How Attacked or Committed DATA OMITTED											Forcible Yes					Weapon / Tools			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																			
V I		Viotim		-			uty Othe	er/Un	know	n _		ternal Vistim of			Other	<u> </u>				
Ċ	Victim/Business Name (Last, First, Middle) V1												Victim of DOB / Age Rac			Sex	Relationship To Offender	☐ Resident		
T I	* 1		DA	ΓA OMITTED								1,						☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMI									TTFD						Home Phone				
,	Employer Name/Address DATA ON														Business Phone					
,	VYR	M	Model	Color Lic/Lis Vin						Vin										
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	unterfeit / F	orged	F = Foun	ıd					
	Victim #	DCI	Value	Property Description								Mak	e/Mo	odel S	erial Number					
							COUNTERFEIT MONEY										DA	ATA OMITTED		
P -																	IN	FOR NFORMATION		
																	- 11	SECURITY		
R O																		PURPOSES		
P :																				
R																		NLY THE FIRST		
Т Ү.					_												TWEI	VE PROPERTY		
1					\dashv												D	ITEMS ARE ISPLAYED ON		
					\dashv													2C REPORTS		
			ehicles S	-		mber Vehi	cles Recovere		0					G :	u.					
ID	Office CAL	r N, O.	L. (149	1D 18)	Officer Sig	Officer Signature Supervisor Signature HARRISON, B. M. (15721)									<u>1. (1</u> 5721)					
			Signatur		Case Statu	s Case Disposition:								· ·	102 5 11 1					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	Loc rrest rrest by Ander] Refuse other Ag	gency	looperate	Page 1		