I N	Agenc	e WIN	, IN	INCIDENT/INVESTIGATION							OCA 2438201								
C	ORI	NC	NC 02	40200			7	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			NC 034		│ │ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								10 24 2024 01:07 Hrs. Last Known Secure SMT WIFS S Month Day Yr Time						
N T	#1		nerdeni(s	, Counterfeitin	e-us	ing		ı —	Com	Month 10	D			ime 1:07 Hrs				Time $4 \mid 01:06 \mid \text{Hrs}.$	
D	#2	Crime I	ncident		,	6			_	Location			+ 01	.07	7 10		24 202	Offense Tract	
A		7 T	! 4 4	Resisting A	it .		_	Com 2727 Peters Creek Pw, Winston Att Premise Type						ı-saleı	salem NC 27127 313 Victim Residence Type				
T A	#3	rime i	ncident						Att Com	Premise	ı yp	be				- 1		uence 1ype mily	
МО			d or Com		Forcible Yes						Weapon / Tools								
	# of Victims Type Person None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	2		□ So	ciety Governm	ent	☐ F	Financial Instit		_	. –	•	oken Bone	es —	☐ Severe	Lacera	tions	ions Yes Unknown		
V I		Jictim/		igious L.E. Of Name (Last, First,			uty Othe	er/Un	know	n _		ternal Victim of		scious [Other Race	<u> </u>			
C T	V1	v ictiii/							Crime #	DOI	o / Age	Race	Sex	To Offende	er Resident				
I		DA	ΓΑ OMITTED					1,						☐ Non-Resident					
M	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA OM														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 = Lo (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jui	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	ınterfeit / F	Forged	F = Foun	d				
	Victim #	Property Description								Mak	e/Mo	odel	Serial Number						
- P -							COUNTERFEIT US CURRENCY										I	DATA OMITTED	
																		FOR INFORMATION	
				+														SECURITY	
R O																		PURPOSES	
P :																			
R																		ONLY THE FIRST	
T Y																	TWI	ELVE PROPERTY	
																		ITEMS ARE DISPLAYED ON	
																		P2C REPORTS	
			ehicles S	-		mber Veh	icles Recovere		0										
ID	Office:		S. C. D). (16372)	Officer Sig	Officer Signature Supervisor Signature BURKS, C. M. (15216)													
11/	Complainant Signature Case State									Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	Test by Ander] Refuse other Ag	gency	Cooperate	xtradition Declined Page 1	