I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	CIE	CIDENT/INVESTIGATION						OCA 2439965					
C .	ORI	NG			-		REPORT						Date / Time Reported SMIWTFS Month Day Yr Time						
D E	10		NC 034												11 05 2024 14:51 Hrs.				
N	#1	Jime I) ning Money By .	Fals	so Proto	n s o	ı —	Att Com	At Found	Da			TFS Time			Day Yr 🗀	Time	
Т.	#2	Crime I	ncident	ung Money Dy	ruis	se i reiei	rise	_	Att	11 Location			1 14	1:30 Hrs	11	10		14:03 Hrs. Offense Tract	
D A	Com 591 S Stratford Rd, Winston-salen																	312	
T A	#3	Crime I	ncident				Att Com	Premise 7	Туре	e					Victim Resider	nce Type ly ∏Multi Family			
	How A	Attacke	d or Con	nmitted					F					Forcible		_	Veapon / Tools		
МО	D.	ATA O	MITTEI)										☐ Yes [☐ No	[X] N/A				
	# of V	ictims	""	N Person	_	Business				Injury		None			Loss o			lcohol Use:	
V	I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Severe Lacerations Internal Unconscious Other Major No															_			
I		Victim/		Name (Last, First,			<u> </u>				T	Victim of		3 / Age	Race	Sex	Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED						Crime #		37			To Offender	☐ Resident ☐ Non-Resident			
I M ·												1,			W	F	1RU	Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI									ΓΤΕD					Business Phone				
•	VYR	M	ake	Model	Color	Color Lic/Lis Vin						Vin							
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T																			
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Status Codes																			
	Victim		Status			Property Description							Mak	e/Mo	del Se	rial Number			
	"						MONETARY I	NETARY LOSS							IVIUN	.0/1110		TA OMITTED	
P - R - O																		FOR	
																		FORMATION SECURITY	
																		PURPOSES	
P - E -																			
R																		LY THE FIRST	
Т Ү -																		VE PROPERTY ITEMS ARE	
-						+												SPLAYED ON	
-																		2C REPORTS	
-				1 .	Ţ	1 77.7.	1 5	1											
	Office	r	ehicles S	ID		mber Vehi	cles Recovere Officer Sig		0 re				I	Supervisor	Signati	ıre			
ID	ALLEN, S. E. (15310)															SLEY, S. A. (14880)			
	Comp	ıaınant	Signatur	e	Case Status	r Inve	estiga	tion	1 0	ase Dispos Unfoun	ded	Loca	ated		☐ Extr	adition Declined			
Status				ive /Clea	ared			Cleared		rest \[\]	Refuse	e to C	ooperate						
							Closed			hausted				nder \Box				Page 1	