I N	Agenc		NSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2442553								
C I	ORI				1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034					I ■ A4 I A4 Formal I O M Th T						THE E	11	<i>I</i> 25 2024 <i>13:</i> 27 Hrs			
N	#1	Jime II) ning Money By	Fals	o Protos	n s o		Att Com	At Foun Month	D			TFS			Day Yr	Time	
T	#2	Crime I	ncident	ung Money By	ruis	e i reter	rise		-	11 Location			4 13	3:27 Hrs	s <i>11</i>	(08 202 <u>4</u> 	13:26 Hrs. Offense Tract	
D A								_	Com				ı Av,	Winston-	salem			121	
T A	#3	Crime I	ncident							Premise '	Тур	pe				- 1	Victim Reside	ence Type ily ∏Multi Family	
	How A	Attacke	d or Com	nmitted										Forcible	Weapon / Tools				
МО	D	ATA O	MITTEI)										☐ Yes ☐ No	X N/A	1			
	# of V	ictims	""	☐ Person		Business				Injury	y	☐ None		linor []Loss o	f Tee	th Drug/A	Alcohol Use:	
37	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ (31)	KIIOW	<u>" </u>		Victim of		B / Age	Race	-			
C T	V1 DATA OMITTED																To Offender		
I M	$\mid I, \mid$																	Unknown	
141	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
	VYR	ake	Color						Vin										
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C = 0	Cou	ınterfeit / F	Forged	F = Four	ıd				
	Victim #	DCI	Status		Property Description							Mak	e/Mo	odel S	erial Number				
								ONEY/CASH							US/Cur	rency	, D.	ATA OMITTED	
P - R																	T	FOR NFORMATION	
					_													SECURITY	
ο .																		PURPOSES	
P :																			
R																		NLY THE FIRST	
Т Ү .					_												TWE	ITEMS ARE	
					_												Г	OISPLAYED ON	
																		P2C REPORTS	
	Numb		ehicles S	-		nber Vehi	cles Recovere		0				-	Supervice	Signat	ıre			
ID			R. F. (1						officer Signature						Supervisor Signature SINGLETARY, J. O. (15533)				
	Comp	lainant	Signatur	e	Case Status		etion	tion.		ase Dispos		□ Loc	ated			radition Declined			
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by A	rest by Ander] Refuse other Ag	gency	ooperate r	Page 1	