I N	Agenc	y Nam		NSTON-SALEN	м <i>Р</i>	OLICE	. IN	CIDENT/INVESTIGATION					OCA 2444463						
I C	ORI	NC	NC 02	40200		1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time							
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMT₩TFS Month Day Yr Time						last Known Secure SMTHTFS  Last Known Secure Time Month Day Yr Time			
N T	#1	Jimio I		ning Money By	Fals	se Prete	nse	_	Com	Month 12			Time 0:18  Hrs			Day Yr 🗀	Time $10:17$ Hrs.		
D.	#2	Crime I	ncident						$\rightarrow$		of Incident		0.10	12	1		Offense Tract		
A		7 I	! 4 4					_	Com			Vinsto	n-salem N	C 271		Tinting Danida	112		
T A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com					Victim Residence Type  ☐ Single Family ☐ Multi Family						
МО			d or Con					Forcible Yes					☐ Yes [	Weapon / Tools					
	# of V	ictims	Туре	∏ Person		Business				Injury	☐ Non	e 🗆 1	│	Loss o	f Tee	th Drug/A	lcohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Unknown															_			
V I		Victim		igious  L.E. Off Name (Last, First,			uty   Othe	er/Un	know	'n 📗	Internal   Victim of		nscious  B / Age	Other Race			N/A Resident Status		
C T	V1   Crime #   77															To Offender			
I M ·														B	M		☐ Non-Resident☐ Unknown		
141	Home Address DATA OMIT									TED					Home Phone				
	Employer Name/Address DATA OMI								TTED					Business Phone					
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis			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 = C	Counterfeit	/ Forgeo	d F = Found	d					
	Victim # DCI Status Value OJ QTY							Property Description							e/Mo	odel Se	rial Number		
-	1 20 7 1 MONEY/							Y/CASH							DATA OMITTED				
- P - R																IN	FOR FORMATION		
																	SECURITY		
0																	PURPOSES		
Р <sup>-</sup> Е -																	T I T T T T T T T T T T T T T T T T T T		
R T																	VE PROPERTY		
Y ·						+										1 WEL	ITEMS ARE		
-																D	ISPLAYED ON		
																F	2C REPORTS		
-					$\Box$	,													
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere		0				Supervisor	Signat	ıre				
ID	ΡΕλ	IN, A.	L. (158	808)			Officer Signature Supervis						or Signature ER, J. C. (14943)						
	Complainant Signature Case State ☐ Further									tion	Case Disp		Loca	nted		□ Evt	adition Declined		
Status							☐ Tultile	tive /Clea	ıred		☐ Clear	ed by A ed by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1		