I N	Agenc	y Nam		NSTON-SALE	, IN	CIE	CIDENT/INVESTIGATION						OCA 2413969						
C ·	ORI	NG			02102	7	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034					A 44   I	At Four	nd	I sl_w				04   22   2024  08:21 Hrs.				
N T	#1	Jiiiic i			By False Pretense				Att   At Found   SM T W T F S   Month Day Yr Time   Att Com   04   22   2024   08:21   Hrs							Month Day Yr Time			
D .	#2	Crime I	ncident	ung money by	1 000	<i>ye 1 rete</i>			$\rightarrow$			Incident	<i>‡</i>   00	0.21	1 04		<del>- 1 = 1</del>	Offense Tract	
A	Com 2150 Country Club Rd, Winston-sad																	321	
T A	#3	rime i	ncident				☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
	# of V	ictims	Туре	↑ Person		Business				Injur	у	☐ None	ПМ	□ No Iinor □	Loss o	f Tee	th Drug/A	lcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I		Victim		igious ☐ L.E. Of Name (Last, First,			uty   Othe	er/Un	iknow	'n		ternal  Victim of		nscious   B / Age	Other Race		r ∑ No Relationship	N/A Resident Status	
C T	V1			ΓA OMITTED						Crime #	DOI	58	rucc	БСА	To Offender				
I M		DA	IA OMITTED					1,			$\mid B \mid$	M	1RU	☐ Non-Resident☐ Unknown					
IVI ·	Home	Addre	ess		ГТЕО								Home Phone						
	Employer Name/Address DATA OMI									 ITED						Business Phone			
	VYR Make Model Style Colo							olor Lic/Lis Vin						Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim #	DCI	Status	Value		Property Description								e/Mo	del Se	rial Number			
	1	"							H								DA	TA OMITTED	
P - R																	IN	FOR FORMATION	
																	117	SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R T																		VE PROPERTY	
Y -				+													IWEL	ITEMS ARE	
-																	D	ISPLAYED ON	
_																	F	2C REPORTS	
_																			
	Numb		ehicles S			mber Veh	Officer Sig		e e				ı	Supervisor	Sionati	ire			
ID	RICHARDSON, S. G. (15580)										_						(15079)		
	Comp	lainant	Signatur	e	Case Status		estiga	tion		Case Dispos		□ Loca	ated		□ Ext	adition Declined			
Status							☐ Closed	ive /Clea	ared			☐ Cleared	by A	rrest   Dece	Refuse ther Ag	gency	ooperate	Page 1	