I N	Agenc	y Namo		NSTON-SALE	M P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2414399					
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N	#1	Jime I	ncident(s			A C	I i		Day Yr	Т	∄FS ime			n Secure Day Y	r 🗀	Time	=	.] 2		
T	All Other Fraud										04 25 2024 11:37 Hrs 04 25 2024 11:36									lrs.
D	#2	ncident					Dr Wine	inston-salem NC Offense Tract 323												
A T		Crime I	ncident		Premise T		ion-se	Victim Residence Type					—							
A	#3 Crime Incident Att Premise Type														☐ Single Family ☐ Multi Family					mily
	How Attacked or Committed Forcible															apon / To		_		
МО	DATA OMITTED Yes XIN/A															<u> </u>				
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:																			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															иn				
V	Religious L.E. Officer Line of Duty Officer/Offictions Internal Unconscious Officer Major X No N/A															_				
I C		Victim/	Business	s Name (Last, First,	Mid	dle)					Victim of Crime #	DOE	3 / Age 54	Race	Resident State To Offender Resident State Resident					tus
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ID	Officer ID# Officer Signature Supervisor Signature MULLINS, B. H. (15079) Officer Signature Supervisor Signature MEADOWS													Signati OWS	ture 5, <i>C. E.</i> (15570)					
ענו			Signatur				Case Status	Case Status Case Disposition:							70 ms, C. L. (13370)					
Status	r		<u> </u>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Invest ive /Cleare	ed	on	☐ Unfoun☐ Cleared☐ Cleared	ded by Ai by Ai	Locarrest Drest by Anonder	Refuse ther Ag	gency	ooperate	_		Declin	ied