I N	Agenc	y Name		NSTON-SALE	M P	OLICE	. IN	CIDENT/INVESTIGATION REPORT					OCA 2424297					
C	ORI	NC					1						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034											07 08 2024 22:51 Hrs.				
N	#1	Jime I	neideni(s) Drug Viola	tion	c		☐ Att At Found S M T W T F S Yr Time X Com 07 08 2024 22:51 Hrs						Month Day Yr Time				
T	#2	Crime I	ncident	Brug viola			□ A	-		08 202	4 22	2:31 HIS	s 07	10		22:50 Hrs. Offense Tract		
D A	Paraphernalia- Possessing/concealing Equipment 🔀 Com 5677 Shattalon Dr, Winston-salem																124	
T A	#3	Crime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Con	nmitted					Forcible						Weapon / Tools			
МО	DATA OMITTED []													☐ Yes [X] N/A ☐ No				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
V	1			ciety Governm ligious L.E. Of			inancial Instituty		nowr		Broken Bone		Severe	Lacerar Other	ions Maio		S Unknown	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac															Relationship	Resident Status	
C T	V1		DA	ГА ОМІТТЕО					Crime #							To Offender	☐ Resident ☐ Non-Resident	
I M												1,2					Unknown	
111	Home Address DATA OMIT									ГТЕО					Home Phone			
	Employer Name/Address DATA OMI													Business Phone				
,								Color Lic/Lis 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 = er jur	Damaged isdiction)	Z = Seized	B = F	3urne	ed C = C	ounterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R								RAPHERNALIA							DATA OMITTED			
					\dashv											IN	FOR FORMATION	
				+	\dashv												SECURITY	
ο .					\neg												PURPOSES	
P .																		
R																	LY THE FIRST	
T Y																	VE PROPERTY ITEMS ARE	
				+	\dashv												SPLAYED ON	
					\dashv												2C REPORTS	
			ehicles S			nber Vehi	cles Recovere Officer Sig					-	C	C:	146			
ID	Office: HES	TER,	M. J. (16249)	ID# [6249]							Supervisor <i>GEOG</i>				8)		
	Complainant Signature Case Statu									Case Disposition:							adition Dasting 1	
Status							☐ Further ☐ Inact ☐ Closed	tive /Cleare	ed			by A	Loc rest rest by And] Refuse other Ag	ency	ooperate	Page 1	