I N	Agenc	y Nam		NSTON-SALE	IN	CIDENT/INVESTIGATION					OCA 2424846							
C I	ORI					1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034										$07 \mid 12 \mid 2024 \mid 22.02 \text{ Hrs}.$					
N	#1	Time I	ncident(s	) Drug Viola	tions			∏ At DX Co	. I i	At Found Month			T≢S Time			Day Yr 🗀	Time	
T	#2	Crime I	ncident	Drug viola	iions			☐ At	-		12   2024 of Incident	4   22	2:02   Hrs	s   07	1	2   2024	22:01 Hrs. Offense Tract	
D A	Paraphernalia- Possessing/concealing Equipment ☐ Com 3600 Baden Rd/thomasville Rd, Win																212	
T A	#3	Crime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Com	nmitted					Forcible				Forcible	Weapon / Tools				
МО	DATA OMITTED Yes No														'A			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															cohol Use:		
*7	1			ciety  Governm			inancial Instituty		OWN	. –	Broken Bone		Severe	Lacera				
V I																	□N/A Resident Status	
C T	V1 DATA OMITTED															To Offender	☐ Resident ☐ Non-Resident	
I M				IA OMITTED							1,2						☐ Unknown	
171	Home Address DATA OMIT									ГТЕО					Home Phone			
	Employer Name/Address DATA OMI'														Business Phone			
,	VYR	M	ake	Model	/le	Color												
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 sdiction)	Z = Seized	B = B	urne	d C = C	ounterfeit / F	orged	F = Foun	d				
	Victim #	DCI	Status	Value	Property Description							Mak	e/Mo	delSe	rial Number			
_	77 6 1 ADII							DIDAS BAG/DIGITAL SCALE							DATA OMITTED			
P -		13	EVID		_	1 (	(357) HANDG	UN						GLOCK	7/22ge		FOR FORMATION	
				+	+												SECURITY	
R O					+												PURPOSES	
P :																		
R																	LY THE FIRST	
Т Ү.					_												VE PROPERTY	
1				+	+												ITEMS ARE SPLAYED ON	
					+												2C REPORTS	
			ehicles S			nber Vehi	cles Recovere						g :	G.				
ID	Office: EST.		J. M. (1	ID (16194)	)# 		Officer Sig							or Signature , <i>J.</i> (14817)				
	Complainant Signature Case State										Case Dispos						ata Baran	
Status							☐ Further ☐ Inact ☐ Closed	ive /Cleare	d			by A	Loc rest rest by And	] Refuse other Ag	ency	ooperate	Page 1	