I N	Agenc	y Namo		NSTON-SALE	и Р	OLICE	. IN	CID	CIDENT/INVESTIGATION					OCA 2425160				
C	ORI	NG					1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034					☐ Att At Found S M T W T F S Month Day Yr Time						15 2024 10:19 Hrs. Last Known Secure SMT WTFS Month Day Yr Time				
N	#1	Jime I	nerdent(s) Drug Viola	tion	c		ן ואדון	Com	Month						Day Yr 🖵	Time	
T	#2	Crime I	ncident	Drug violu	iion	3			_	07 Location	15 202 of Incident	4 10):19 Hrs	s 07			10:18 Hrs. Offense Tract	
D A	Paraphernalia- Possessing/concealing Equipment 🗖 Com 4140 Wedge Dr, Winston-salem NC																114	
T A	#3	Crime I	ncident						Att Com	Premise T	ype				- 1	Victim Resider	ıce Type y	
	How A	Attacke	d or Com	nmitted					Forcible						Weapon / Tools			
МО	DATA OMITTED Service S														N/A			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1			ciety Governm ligious L.E. Of			inancial Instituty		know	. –	Broken Bon		Severe	Lacerat Other		1 —	S □ Unknown □ N/A	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra															Relationship	Resident Status	
C T	V1		DA	ГА ОМІТТЕО				Crime #								To Offender	☐ Resident ☐ Non-Resident	
I M											1,2						Unknown	
	Home Address DATA OMI									ГТЕD					Home Phone			
	Employer Name/Address DATA OMI									TTED					Business Phone			
,	VYR	Color	Color Lic/Lis Vin															
									<u> </u>									
О																		
T																		
H E																		
R S																		
	DATA OMITTED																	
I N	DATA UMITTED																	
V																		
O	· 0																	
V																		
E D																		
Status																		
Codes	(Chec Victim			if recovered for other	Ť	Í												
	#	# DCI Status Value OJ QTY 11 6 2					Property Description DRUGS/NARCOTICS EQUIPMENT							Mak	e/Mo		rial Number TA OMITTED	
P - R _		2 Droommeones Egon MEM												FOR				
																	FORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E ·				+	\dashv											ON	LY THE FIRST	
T					\neg												VE PROPERTY	
Y																	ITEMS ARE	
																	SPLAYED ON	
													+			P.	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0									
ID	Office FIF	r LDS	100	ID 5835)		Officer Sig	Officer Signature Supervisor Signature WAGONER, K. B. (15655)											
עז	FIELDS, I. O. (15835) Complainant Signature Case Statu									Case Disposition:								
Status										Investigation Unfounded Located Extradition Dec							adition Declined	
siaius							Closed	/Clea	Cleared Cleared by Arrest by Another Agency eads Exhausted Death of Offender Prosecution Declined Page 1							Page 1		