I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2437137						
C ·	ORI	NG			2102	-	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1	Jimic I	nerdent(s) Drug Viola	tions	7		_	Com	Month	Ι			ime 3:39 Hrs			Day Yr	Time 18:38 Hrs.	
D .	#2	Crime I	ncident	Drug riota		<u> </u>			-			Incident	 10	5.39	<u> 10</u>		3 2024	Offense Tract	
A		~ · ·						_	Com				17, W	inston-sc	n lem N			312	
T A	#3	rime i	ncident						Att Com	Premise	ГУJ	pe				- 1	Victim Reside Single Fam	ence Type ily ∏Multi Family	
МО			d or Com								Forcible Yes	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
* 7	X Society															_			
V I		Victim/		Name (Last, First,			uty Otne	er/Un	Know	'n _		Victim of		S / Age	Race				
C T	V1 DATA OMITTED											Crime #					To Offender		
I M			DA	IA OMITIED								1,						☐ Non-Resident	
IVI ·	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA OMI'															Business Phone			
	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec	k "OJ"	column	if recovered for other	r juri T	sdiction)													
	# DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- - P - R	1	1 11 EVID 1 MARIJUANA PARAPHERNALIA											D.	ATA OMITTED FOR					
					+												I	NFORMATION	
																		SECURITY	
O P																		PURPOSES	
Ē -					\dashv												01	NLY THE FIRST	
R T					+													LVE PROPERTY	
Y					+												1 11 2	ITEMS ARE	
-					\neg												Ε	DISPLAYED ON	
]	P2C REPORTS	
-	Niver 1	or of T	ahialaa S	tolon 0	Nive	abor Val-	alas Dagays	d	0										
	Office	r	ehicles S	ID		ioer veni	Cles Recovere Officer Sig		<i>0</i>				1	Supervisor	Signati	ıre			
ID	SER	EIKA	, A. J. (16078)					_	·		JACOI	BS, A. P. (14962)						
	Comp	laınant	Signatur	e				r Inve	Case Disposition: Investigation Unfounded Located						□ Ext	radition Declined			
Status	Inactive ☐ Closed/Clea												l by Aı	rest rest by And] Refuse other Ag	ency		Page 1	