| I<br>N   | Agenc   | y Nam           |                    | NSTON-SALE                  | M P                  | OLICE              | IN                                | CID                       | CIDENT/INVESTIGATION |             |                          |                                  |   | OCA 2438259                                    |                   |   |                          |  |
|--|---|-----------------|--------------------|-----------------------------|----------------------|--------------------|-----------------------------------|---------------------------|----------------------|-------------|--------------------------|----------------------------------|---|--|-------------------|---|--------------------------|--|
| C  | ORI   | NG              |                    |                             |                      |                    | 1                                 | REPORT                    |                      |             |                          |                                  | Date / Time Reported SMTWTFS<br>Month Day Yr Time |  |                   |   |                          |  |
| D<br>E   | 10  |                 | NC 034             |                             |                      |                    |                                   | 1                         | A + E 1              | Idl         | al 구민 ta                 | 메티리                              | 10  |  | 24   2024         | 7 Time<br>4 13:12 Hrs.<br>S M T W T F S |                          |  |
| N  | #1  | Jime i          | ncideni(s          | )<br>Drug Viola             | tions                | r.                 |                                   |                           |                      |             |                          |                                  | IFS<br>Time                                       |  |                   | Day Yr                                  | Time                     |  |
| T  | #2  | Crime I         | ncident            | Drug viola                  | iions                | •                  |                                   |                           | _                    | 10 Location | 24   2024<br>of Incident | 4   13                           | 3:12  Hrs   | 10   |                   |   | 13:11 Hrs. Offense Tract |  |
| D<br>A   | Paraphernalia- Possessing/concealing Equipment 🗖 Com 799 W Fourth St/n Broad St, Winsto                               |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   | 411                      |  |
| T<br>A   | #3  | Crime I         | ncident            |                             |                      |                    |                                   |                           |                      | Premise T   | ype                      |                                  |   |  | - 1               | Victim Reside                           | • •                      |  |
|  | How A   | Attacke         | d or Con           | nmitted                     |                      |                    |                                   |                           | Com Forcible         |             |                          |                                  | П   | ☐ Single Family ☐ Multi Family  Weapon / Tools |                   |   |                          |  |
| МО   | D.  | ATA C           | MITTEI             | )                           |                      |                    |                                   |                           | ☐ Yes☐ No            |             |                          |                                  | ☐ Yes  <br>☐ No                                   | X N/A  |                   |   |                          |  |
|  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:                   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   | lcohol Use:                             |                          |  |
| 37   | 1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   | _                                       |                          |  |
| V<br>I   |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   |                          |  |
| C<br>T   | V1  |                 | DA'                | ra omitted                  |                      |                    |                                   | Crime #                   | Crime #              |             |                          |                                  | To Offender                                       |  |                   |   |                          |  |
| I<br>M   | DATA OMITTED 1,2  |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   | Unknown                  |  |
| 141  | Home Address DATA OMIT  |                 |                    |                             |                      |                    |                                   |                           |                      | ГТЕО        |                          |                                  |   |  | Home Phone        |   |                          |  |
|  | Employer Name/Address DATA OMI  |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  | Business Phone    |   |                          |  |
|  | VYR   Make   Model   Style   Color  |                 |                    |                             |                      |                    |                                   |                           | Lic/Lis   Vi         |             |                          |                                  |   |  |                   |   |                          |  |
|  |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   |                          |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |   | DATA OMITTED    |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   |                          |  |
| Status<br>Codes  | (Chec   | k "OJ"          | = Stolen<br>column | R = Recovered for other     | D = l<br>er juri     | Damaged isdiction) | Z = Seized                        | $\mathbf{B} = \mathbf{I}$ | Burne                | ed C = C    | ounterfeit / F           | Forged                           | F = Foun  | d  |                   |   |                          |  |
|  | Victim<br>#   | DCI             | Status             | Value                       | Property Description |                    |                                   |                           |                      |             |                          | Mak                              | e/Mo  | delS   | erial Number      |   |                          |  |
|  |   | 11 6 4 DRUGS/NA |                    |                             |                      |                    |                                   |                           | RCOTICS EQUIPMENT    |             |                          |                                  |   |  |                   | DA                                      | ATA OMITTED              |  |
| P -  |   | 11              | 6                  | 4 DRUGS/NARCOTICS EQUIPMENT |                      |                    |                                   |                           |                      |             |                          |                                  |   | IN   | FOR<br>NFORMATION |   |                          |  |
|  |   |                 |                    |                             | -                    |                    |                                   |                           |                      |             |                          |                                  |   |  |                   | - 11                                    | SECURITY                 |  |
| R<br>O   |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   | PURPOSES                 |  |
| P :  |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   |                          |  |
| R  |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   | NLY THE FIRST            |  |
| Т<br>Ү.  |   |                 |                    |                             | _                    |                    |                                   |                           |                      |             |                          |                                  |   |  |                   | TWEI                                    | VE PROPERTY              |  |
|  |   |                 |                    |                             | _                    |                    |                                   |                           |                      |             |                          |                                  |   |  |                   | D                                       | ITEMS ARE<br>ISPLAYED ON |  |
|  |   |                 |                    |                             | _                    |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   | P2C REPORTS              |  |
|  |   |                 |                    |                             |                      |                    |                                   |                           |                      |             |                          |                                  |   |  |                   |   |                          |  |
|  |   |                 | ehicles S          | -                           |                      | nber Vehi          | cles Recovere                     |                           | 0                    |             |                          |                                  | C   | G:   |                   |   |                          |  |
| ID   | Office MAS  | C. (16          | (114)              | Officer Sig                 |                      |                    |                                   |                           |                      |             |                          | r Signature<br>ER, J. C. (14943) |   |  |                   |   |                          |  |
|  |   |                 | Signatur           |                             |                      |                    | Case Statu                        |                           | Case Disposition:    |             |                          |                                  |   |  |                   |   |                          |  |
| Status   |   |                 |                    |                             |                      |                    | ☐ Furthe ☐ Inac ☐ Closed ☐ Closed | tive<br>//Clear           | ed                   |             |                          | by A                             | Loc<br>rrest<br>rrest by And                      | Refuse<br>other Ag                             | gency             | ooperate                                | Page 1                   |  |