I N	Agenc	y Nam		NSTON-SALEN	л Po	OLICE	IN	CIDENT/INVESTIGATION					OCA 2438774						
C ·	ORI					OLICE	-	REPORT							Date / Time Reported SMTWTFS				
D E	10		NC 034												$0 \mid 28 \mid 2024 \mid 12:21$ Hrs.				
N	#1 Crime Incident(s) Paraphernalia- Possessing/concealing Equipment															Month Day Yr Time			
Т.			ncident	1 0336331118/6	one	cuing 1	<i>э</i> qи <i>іртені</i>		-	10 Location of	28 2024 of Incident	4 12	::21 HIS	10			12:20 Hrs. Offense Tract		
D A	□ Com 399 Olive St/upton St, Winston-sale																321		
T A	#3	Jrime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible ☐ Yes ☐ No					Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_			
V I																	Resident Status		
C T	V1 DATA OMITTED															To Offender	☐ Resident ☐ Non-Resident		
I M ·				TA OMITTED							1,						Unknown		
	Home Address DATA OMI									ΓΤΕD					Home Phone				
	Employer Name/Address DATA OM								TTED					Business Phone					
	VYR	M	ake	Model	Color Lic/Lis Vin						Vin								
O T H E R S I N V O C L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	ounterfeit / F	Forged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	rial Number		
- - P - R	1							ARCOTICS EQUIPMENT								DA	TA OMITTED		
					\dashv											IN	FOR FORMATION		
					_												SECURITY		
0																	PURPOSES		
Р ⁻ Е -																			
R.					_												LY THE FIRST		
Т Ү					_												VE PROPERTY ITEMS ARE		
-					\dashv												SPLAYED ON		
-																P	2C REPORTS		
-					\Box														
	Numb Office:		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		<i>0</i>			Ī	Supervisor	Signati	ıre				
ID	HAS	LER,	A. E. (.	16368)		Officer Sig	,11atur								A. M. (1488	(4)			
	Comp	lainant	Signatur	e			Case Statu							ated		□ Evtr	adition Declined		
Status							☐ Inact	tive /Clea	red		☐ Cleared	l by Aı l by Aı	rest by And	Refuse other Ag	gency	ooperate	Page 1		