I N	Agenc	y Nam		NSTON-SALE	CIE	CIDENT/INVESTIGATION						OCA 2440905								
I C															Date / Mon	Time Reported SMIWTFS				
D E			ncident(s			Att At Found SMIWIFS Month Day Yr Time								Time 11 12 2024 21:57 Hrs Last Known Secure S M T W T F Month Day Yr Time						
N T	#1			Drug Viola	tion	S		_	Com	Month 11	. I			lime 1:57 Hrs				r — 1241	Time 21:56	
D	#2 Crime Incident															710) 7	1	Offense '	
A T	ща (Crime I	ncident	ossession/conce	ealir	ig Weap	ons		Com Att	Premise			Wins	ton Salen	n NC 2	27101 412 Victim Residence Type				
A	#3					Com							_			y □Mul	lti Family			
МО			d or Con MITTEI											Forcible Yes No						
	# of V	ictims	""	Person		Business				Inju	•	None		_] Loss o			-	cohol U	
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Who Major Whoow Internal Unconscious Other Major																			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race	<u> </u>	Relation	ship	Reside	nt Status
T	V1		DA	ГА ОМІТТЕО								Crime #					To Offe	naer	☐ Res	naent n-Resident
I M ·	Ноте	Addra	ACC.									1,2				Home Phone				
	Home Address DATA OMIT									ΓΤΕD						Home I none				
	Employer Name/Address DATA OMI									TTED						Business Phone				
•	VYR	Color	Color Lic/Lis Vin						Vin											
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim		Status		Pro	nerts	Descript	ion				Mal	Make/Model Serial Number							
	1							CARMS/AMMUNITION							GLOCE					
P -																		73.7	FOR	
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	Numb Office		ehicles S	tolen 0		mber Veh	Officer Sign		<i>0</i>					Supervisor	Signati	ire				
ID	GEN	VTLE,	J. Z. (1	Case Status	ČO.							sor Signature LIER, L. B. (15465)								
Status	Comp	lainant	Signatur	e	r Inve tive /Clea								Cooperate	_	ndition I	Declined				