I N	Agenc	y Nam		NSTON-SALEN	M P	OLICE	IN	CIDENT/INVESTIGATION					OCA 2441956						
C	ORI	NG				1		REPORT					Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034										TH FH CI	11 20 2024 23:49 Hrs.					
N	#1 Crime Incident(s) Paraphernalia- Possessing/concealing Equipment									Att At Found SMTMTFS Month Day Yr Time At Found SMTMTFS At Fixed At Found At Found At Found At Fixed At Fixed At Found At Fixed At Fixe						Last Known Secure SMTWTFS Month Day Yr Time			
T			ncident	iu- I Ossessing/C	one	euing 1	гушртен		-	11 Location of		4 23	3:49 Hrs	5} <u>11</u>		<u> 2024 </u> -	23:48 Hrs. Offense Tract		
D A									Com		xcroft Dr,	Wins	ston-saler	n NC			323		
T A	#3	Crime I	ncident						☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Con	nmitted					Forcible					Weapon / Tools					
МО	DATA OMITTED See IN No.														I/A				
	# of V	ictims	""	Person		Business				Injury	None	$\square N$]Loss o		· I -	lcohol Use:		
V	1			ciety Governm ligious L.E. Of			inancial Instit uty Othe		nowi		Broken Bone Internal 🔲		☐ Severe	Lacerat Other		. –	s □Unknown □ □N/A		
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Sex	Relationship	Resident Status		
T	V1 DATA OMITTED															To Offender	☐ Resident ☐ Non-Resident		
I M	Ноте	Addra	ACC								1,				Home Phone				
	Home Address DATA OMI								FTED										
	Employer Name/Address DATA OM								ITTED					Business Phone					
,	VYR	M	ake	Model	St	tyle	Color		Lic	/Lis			Vin						
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S	= Stolen	R = Recovered	D=	Damaged	Z = Seized	$\mathbf{B} = \mathbf{I}$	Burne	\mathbf{c} \mathbf{c} \mathbf{c}	ounterfeit / F	orged	F = Foun	d					
Codes	Victim		Status	Value	Property Description							Mol	e/Mo	dal Ca	rial Number				
	#							DRUGS/NARCOTICS EQUIPMENT						IVIAN	e/IVIO		TA OMITTED		
- P -																	FOR		
					_												FORMATION SECURITY		
R O																	PURPOSES		
Ρ.																	1 014 0525		
E ·																ON	LY THE FIRST		
T																	VE PROPERTY		
Y																	ITEMS ARE		
																	SPLAYED ON 2C REPORTS		
			ehicles S	-		mber Vehi	cles Recovere												
ID	Office WEI	r LLS, S	ID (941)		Officer Sig	nature					Supervisor FLYNN			605)					
ıν			Signatur			Case Statu							., <i>u.</i> L.	(1)	,				
Status							☐ Further ☐ Inact ☐ Closed	tive /Clear	ed			by A	Loc rest rest by And	Refuse other Ag	ency	ooperate $\ \ \ \ \ \ \ \ \ \ \ \ \ $	Page 1		