| I N | Agenc | y Nam | | NSTON-SALE | — И Р | OLICE | , IN | ICIDENT/INVESTIGATION REPORT | | | | | OCA 2443661 | | | | | |
|--|--|-----------------|--------------------|------------------------------------|---------------|--------------------|--|--|---------|-------------------|----------------------------|-----------------------|---|---|------------|---------------|----------------------------|--|
| C | ORI | NC | | | | | 1 | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | | | ☐ Att At Found SMT₩TFS Month Day Yr Time | | | | | | last Known Secure SMTHTFS. Last Known Secure SMTHTFS | | | | |
| N T | #1 | ornine r | nerdeni(s | , Drug Viola | tion | S | | LX (| | Month | | | lime 3:16 Hrs | | | Day Yr 🖰 | Time $13:15$ Hrs. | |
| D | #2 | Crime I | ncident | | | ~ | | | Att | | of Incident | † 1. | 0.10 | 12 | | 74 2024 | Offense Tract | |
| A | Paraphernalia- Possessing/concealing Equipment | | | | | | | | | | | | | | | | 211 | |
| T A | #3 | Jillie 1 | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con | | | | | Forcible ☐ Yes ☐ No | | | | | Weapon / Tools | | | | | |
| | # of V | ictims | Туре | ☐ Person | П | Business | | | | Injury | ☐ None | ПМ | _ | Loss o | f Tee | th Drug/A | Icohol Use: | |
| | Society | | | | | | | | | | | | | | | _ | | |
| V I | | Victim | | igious L.E. Of Name (Last, First, | | | uty Othe | er/Unk | cnow | n | Internal Victim of | | nscious B / Age | Other | | | | |
| C T | V1 | , 10,1111 | | | | | | | Crime # | DOI | 3 / Mgc | Ruce | SCA | To Offender | ☐ Resident | | | |
| I | DATA OMITTED | | | | | | | | | | | 1,2 | | | | | ☐ Non-Resident | |
| М | Home Address DATA OMIT | | | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for oth | D = er jur | Damaged isdiction) | Z = Seized | $\mathbf{B} = \mathbf{I}$ | Burn | ed $C = C$ | ounterfeit / F | Forged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | e/Mo | del S | erial Number | |
| | | | | | | | VAPE PENS/PARAPHERNALIA | | | | | | | | | D | ATA OMITTED | |
| P - | | | | | _ | | | | | | | | | | | 17 | FOR NFORMATION | |
| | | | | | \dashv | | | | | | | | | | | - 11 | SECURITY | |
| R O | | | | | \dashv | | | | | | | | | | | | PURPOSES | |
| P : E : | | | | | | | | | | | | | | | | | _ | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | TWEI | LVE PROPERTY | |
| | | | | | _ | | | | | | | | | | | | ITEMS ARE | |
| | | | | | \dashv | + | | | | | | | | | | | ISPLAYED ON P2C REPORTS | |
| | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | nber Veh | icles Recovere | | 0 | | | | | | | | | |
| ID | Office TIP | | A T (| 16299) II | | Officer Sig | Officer Signature Supervisor Signature GEDDINGS, H. L. (14851) | | | | | | | | | | | |
| ענו | TIPPETT, A. T. (16299) Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | | | |
| Status | 1 | | | | | | ☐ Further ☐ Inact ☐ Closed | tive /Clear | red | | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ai by Ai | Loc rrest rrest by And |] Refuse other Ag | ency | ooperate F | Page 1 | |