I N	Agenc	y Name		NSTON-SALE	M P	POLICE	IN	NCIDENT/INVESTIGATION						OCA 2413531					
C	ORI	NC NC 0340200								REPORT					Date/Time Reported SMTWIFS Month Day Yr Time 04 18 2024 23:48 Hrs.				
D E									. 1 .	V.F. 1	LeL	d mi tai	ᆔᆔ	04				:48 Hrs.	
N	#1	Crime Incident(s)							ľIм		Day Yr	Т	<u>∓</u> F S ime			n Secure ay Yr	Time	=	
T		Crimo I	ncident	Drug Viola	tion	ions			X Com 04 18 2024 23					s <i>04</i>	1	8 2024	23:4		
D	#∠			ia Possassina/	aalina F	Tauinmant	☐ Att Location of Incident ☐ Com 1399 N Trade St/w Fourteenth St,						C+ 11/;	nstar	, salam	11.	e Tract		
A T	Colors Institute													Si, Wi	Victim Residence Type				
A	#3 Crime incident														☐ Single Family ☐ Multi Family				
МО			d or Con						-				Forcible Yes	TX N/A	_	apon / Tools			
	DATA OMITTED																		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1																		
V I	Pack Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A																		
C		v ictiiii/	Dusiness	s Name (Last, First,	MIG	uie)					Crime #	DOE	3 / Age	Kace		To Offende	r Resid	esident	
T I	V1		DA	TA OMITTED							1,2							on-Resident	
M	11	- 4 1 1									1,2				Home Phone Unknown				
	поше	e Addre	SS			D	ATA OMI	ГТЕD							Home Flione				
	Empl	oyer Na	me/Add	ress	TTED							Business Phone							
	VYR	l M	ake	Model	LS	tyle	Color Lic/Lis Vin						Vin						
	, 110			I Trough		2)10			210 / 2										
H E R S I N V O L V E D	DATA OMITTED																		
Status	L = L	ost S	= Stolen	R = Recovered	D _. =	Damaged	Z = Seized	$\mathbf{B} = \mathbf{B}$	ırned	C = Cc	ounterfeit / F	orged	F = Four	ıd					
Codes	(Check "OJ" column if recovered for other jurisdiction) Victim																		
	# DCI Status Value OJ QT									escription				Mak	e/Mo		Serial Nu		
P -	1 11 6 1						DRUGS/NARCOTICS EQUIPMENT									D		MITTED	
																1	FO	ATION	
																	SECU		
R O																		OSES	
Ρ.																	1 OKI	OSLS	
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R T																		OPERTY	
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•																			
•	Numb	er of V	ehicles S	Stolen 0	Nu	mber Vehi	cles Recovere	d 0											
	Office)#		Officer Sig	nature					Supervisor	Signat	ıre	15000			
ID			J. Z. (0 -	<u> </u>						AŇ, L. T. (15232)						
	Complainant Signature Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Located												ated		□ Fv	tradition	Declined		
Status							☐ Inact	tive /Cleare	i		☐ Cleared	l by Aı l by Aı] Refuse other Ag	gency	ooperate		ige 1	

DCI-600F