I N	Agenc	y Name		ERNERSVIL	LE F	POLICI	E IN	CIDENT/INVESTIGATION						OCA 2024-004347						
C I	ORI		024014	20			REPORT					Date / Time Reported S M T W T F S Month Day Yr Time 10 24 2024 10:37 Hrs								
D			034010										10		24	2024				
E N	#1	rime I	ncident(s	·	¥7· 1			Att	Mo		Day Yr		⊥FS Time		Know th L		Yr —	Time		FS
Т		Trime I	ncident	Drug/narcotic	Viol	ations		Con			24 2024 of Incident	4 10	0:37 Hr:	s 10) 2	4	2024		36 1 se Trac	Hrs.
D A	#21			oaraphernalia	Poss	essing/o	concealing	Att			Nountain	St, K	ernersvil	le NC	2728	4		Z2		<i>.</i> .
Т	#3 Crime Incident Att Premise Type																Residen	ce Ty	pe	
A								Com						Single Family Multi Fam					amily	
MO	How Attacked or Committed Forcible A Search Conducted During An Arrest Uncovered Heroin, Methamphetamine, And Drug Porcible															apon /	Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Use:				
			X So	ciety 🔲 Govern	ment		Financial Instit	ute			Broken Bone	_	□ Severe	-			☐ Yes ☐ Unknown			
V	1			ligious 🔲 L.E. C			Duty Duty	er/Unknov	wn		nternal 🔲		nscious	Other	Other Major No No Race Sex Relationship Reside					
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #																		dent St esiden	
T I	V1	Socie	ety/stat	e							1,2								on-Res	siden
M	Home	Addre	\$\$								1,2				Hom	ne Pho	one		nknow	vn
															-		-			
	Emplo	oyer Na	me/Add	ress									Business Phone				Mobile Phone			
	VYR	M	ake	Model	S	tyle	Color	L	ic/Li	is			Vin							
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																			
O T				Business 🗖 Soci						1 0	ligious 🗖 I		,	of Duty		Other	/Unknow	'n		
	Code	Nan	ne (Last,	First, Middle)											ctim of time #	f D	OB / Age		Race	Sex
Н	Cime #																			
E R	Home Address Home Phone																			
S	Employer Name/Address Business Phone Mobile Phone																			
I N																				
	• •			Business 🗖 Socie	ety 🗖	Govern	nent 🗖 Finano	cial Institu	ute	🗖 Reli	igious 🗖 L.	E. Of	ficer Line o							
V O	Code	Nan	ne (Last,	First, Middle)											ctim of time #	t D	DOB / Age Race Sex			Sex
L V																	DI			
Е	Home Address															H	ome Phor	ne		
D	Emplo	oyer Na	me/Add	ress]]	Business Ph	none		M	Iobile Phone			
	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Status Codes				R = Recovered if recovered for ot				$\mathbf{B} = \mathbf{B}\mathbf{u}\mathbf{r}$	med	C = Cc	ounterfeit / F	Forged	F = Four	nd			_			
P R	Victim #	DCI	Status	Value	OJ	QTY		Property	y De	escription	1			Ma	ke/Mo	del	Ser	ial Nu	umber	
	1	1 11 6 \$1.00 1 GLASS METH F																		
	1	11	6	\$1.00		1	DIGITAL SCAL	E												
O P																				
Р Е																				
R T																				
Y																				
	N1	on cf V	abial (Stolon 0	NT	mho: V	biolog D	.d 0												
	Numb Officer		ehicles S	-	Nu D#	under Ve	hicles Recovere Officer Sig	-					Supervisor	r Signat	ure					
ID	MAH	RTIN,		M5244)							ĴOHNSON, S. P. (J5175)									
Status	Complainant Signature Case Status Case Disposition □ Further Investigation □ Unfounded											ded	□ Located □ Extradition Declined							
							□ Inac	tive I/Cleared			Cleared		rrest rrest by An] Refus other A		ooper	ate			
									vhau	isted			nder r			Decl	ined	Pa	ige 1	I