I N	Agenc	y Name		VSTON-SALEN] IN	NCIDENT/INVESTIGATION						OCA 2422955								
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTES					
D E			NC 034												06 28 2024 05:53 Hrs.					
N T	#1	orinic r	ieraem(s	, Drug Violat	Att At Found S M T W T F S North Day Yr Time North Day North Day							Month Day Yr Time								
D	#2	Crime I	ncident				Att Location of Incident 100 28 20 20 20 20 20 20										fense Tract	<u> </u>		
Α		7 T	: 1 4				,								114	_				
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTEI			Forcible ☐ Yes ☐ No							Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of															of Teeth Drug/Alcohol Use:				
	1			ciety Government igious L.E. Off	ent	☐ Fi	inancial Institu		lem over	. –		n Bone		Severe			–		Unknow	n
V I		Victim/		Name (Last, First,			пу 🔲 Оппе	21/ U11	KHOW	п		al 🔲		scious [Other Race				□N/A Resident Statu	ıs
C T	V1			ΓA OMITTED	Crime #						. 8			To Offen	der 🗀	Resident				
I M			DA	IA OMITIED	1,										□ Non-Resid □ Unknown	eni				
171	Home Address DATA OMI'									ГТЕD						Home Phone				
	Employer Name/Address DATA (MITTED						Business Phone					
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes															_					
Cours	Victim			Property Description								Mak	Make/Model Serial Number				_			
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ID	Office		J. L. (1	ID 4974)	Officer Signature Supervise								or Signature P. M. (15817)							
ID			Signatur				Case Status								L, P. M. (15817)					
Status			-			☐ Inact	☐ Further Investigation ☐ Unfounded ☐ Located													