I N	Agenc	y Name		VSTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2424741						
C ·	ORI	NC						REPORT							Date / Time Reported   S M T W T F S Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									☐ Att   At Found						Day 17 Time   Of 12   2024   Of 43 Hrs.   Last Known Secure   SMTWTFS   Month Day Yr Time			
N T	#1			, Trespassi	ng			_	Com	Month 07				ime :43  Hrs			Day Yr 🖵	Time $06:40$ Hrs.	
D	#2	Crime I	ncident	•						Location	of In	ncident					<del></del>	Offense Tract	
A T	Crime Institut																Victim Resider	311	
A	#3								Com		71							y □Multi Family	
МО			d or Com MITTED					Forcible Yes							Weapon / Tools				
V	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															cohol Use:			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
I	Т,	Victim/		Name (Last, First,		пу 🔲 Опис	Victim of DOB / Age					Race	Sex	Relationship	Resident Status				
C T	V1		DA	ΓΑ OMITTED	Crime #						41			To Offender	Resident     Non-Resident				
I M ·											Î	1,			W	M	1RU	Unknown	
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA Of								ITTED						Business Phone				
•	VYR	M	Color Lic/Lis Vin						Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim # DCI Status Value OJ QTY							Pro	perty	Descriptio	on				Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED					
																	IN	FOR FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Ē -																	ON	LY THE FIRST	
R T Y																		VE PROPERTY	
																		ITEMS ARE	
																		SPLAYED ON	
-					_												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	eles Recovere	d	0										
_	Office	r		ID			Officer Sig		-					Supervisor	Signatu	ire	A (15701)		
ID			<i>L. (149</i> Signatur		Case Status							HARRI	IARRISŎN, B. M. (15721)						
Status	Comp			-			☐ Further ☐ Closed ☐ Closed	Inveive /Clea	red			Unfoun Cleared Cleared	ded by Ar by Ar	Locarest rest by Ano	Refuse ther Ag	ency	ooperate	Page 1	