I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	] IN	INCIDENT/INVESTIGATION						OCA 2425745				
I C	ORI	NC	NC 034	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				07							1 2 / 1				
N T	#1			, ng Threats -intin	tion, No	n Physical	Month Day Yr Time Month Day Yr								Day Yr 🖵	Time		
D.			ncident	0					Att	Location	of Incident	•	•			, , , , ,	Offense Tract	
A T	Com 2747 Reynolds Park															Victim Resider	214	
A	#3	Jime I	neident					☐ Att   Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com MITTED										Forcible Yes	X N/A	Wea	apon / Tools		
	# of V	ictims	Type	▼ Person		Business				Injury	□ None		□ No Iinor □	Loss o	f Teet	th Drug/Al	cohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_		
V I		Victim/		igious ☐ L.E. Off Name (Last, First,			ity   Othe	er/Un	know	'n 📗	Internal   Victim of		nscious   B / Age	Other		r ⊠ No Relationship	□N/A Resident Status	
C T	Crime #												77			To Offender	Resident	
I M	DATA OMITTED										1			B	F	1PA	☐ Non-Resident ☐ Unknown	
IVI ·	Home	Addre	ss		D.	ATA OMI	TTED						Home Phone					
	Employer Name/Address DATA O													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	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	c = C	Counterfeit / 1	Forged	F = Found	i				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED				
					$\dashv$											IN	FOR FORMATION	
					$\dashv$												SECURITY	
O P -																	PURPOSES	
Р Е -					_											ON	LV THE FIDOT	
R T					_												LY THE FIRST VE PROPERTY	
Y ·					$\dashv$												ITEMS ARE	
-					$\neg$											DI	SPLAYED ON	
																P	2C REPORTS	
-	Num1	or of V	ehicles S	tolen 0	Nim	nhar Vah:	cles Recovere	d	0									
	Office	r		ID		noer veni	Officer Sig		e e				Supervisor	Signatı	ıre			
ID	BOU	JFFA.		J. (16216)					ı	G E:	٠,٠	MULG	RĔW,	<i>M</i> . <i>J</i>	I. (14746)			
Status	Comp	iainant	Signatur	e												adition Declined		
Status							Closed	Closed/Cleared							Page 1			