| I<br>N  | Agenc   | y Name                                 |                    | VSTON-SALEN                         | INCIDENT/INVESTIGATION |                                     |   |              |               |            |       | OCA 2425994       |                           |   |  |                       |                            |                           |  |
|---|---|--|--------------------|-------------------------------------|------------------------|-------------------------------------|---|--------------|---------------|------------|-------|-------------------|---------------------------|---|--|-----------------------|----------------------------|---------------------------|--|
| I C   | ORI   | NC                                     | NC 02              | 10200                               |                        |                                     | REPORT  |              |               |            |       |                   |                           |   | Date / Time Reported SMTWTFS Month Day Yr Time |                       |                            |                           |  |
| D<br>E  |   |  | NC 034             |                                     |                        | Att At Found  Att Nonth Day Yr Time |   |              |               |            |       |                   |                           | 07   21   2024   21:59 Hrs.   Last Known Secure   S M T W T F S Month Day Yr Time |  |                       |                            |                           |  |
| N<br>T  | #1  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ieraem(s           | ,<br>Discharging F                  | 'irea                  | ırm                                 |   | ı —          | Com           | Month 07   | D     |                   |                           | ime<br>!:59  Hrs  |  |                       | Day Yr 1                   | Time                      |  |
| D.  | #2  | Crime I                                | ncident            |                                     |                        |                                     |   |              | $\rightarrow$ | Location   |       |                   | <del>†</del>   <u>2</u> 1 |   | 7 07   |                       | .1   2024                  | Offense Tract             |  |
| A   | Com 1104 Salem Valley Rd,   |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   | ı-salen  |                       |                            | 311                       |  |
| T<br>A  | #3  | Jime I                                 | ncident            |                                     |                        |                                     |   |              | Com           | Premise    | тур   | бе                |                           |   |  | - 1                   | Victim Resid<br>Single Fan | ence Type<br>nily         |  |
| МО  |   |  | d or Com<br>MITTEI |                                     |                        |                                     | •   |              |               |            |       | Forcible  Yes  No | <b>X</b> N/A              | We  | apon / Tools                                   |                       |                            |                           |  |
|   | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  | Alcohol Use:          |                            |                           |  |
| V   | 1   |  |                    | ciety Governm                       |                        |                                     | inancial Institu  |              | know          | . –        | •     | oken Bone         |                           | Severe  | Lacera<br>Other                                |                       | . –                        | Tes Unknown               |  |
| I   | Victim/Business Name (Last, First, Middle)  Victim of DOB / Age                                     |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   | Race   |                       | Relationshi                | Resident Status           |  |
| C<br>T  | V1  |  | DA                 | ΓΑ OMITTED                          |                        |                                     | Crime #   |              |               |            |       |                   |                           |   | To Offende                                     | Resident Non-Resident |                            |                           |  |
| I<br>M ·  | r <u> </u>  |  |                    |                                     |                        |                                     |   |              |               |            |       |                   | 1,                        |   |  |                       |                            | Unknown                   |  |
|   | Home Address DATA OMI   |  |                    |                                     |                        |                                     |   |              |               | TTED       |       |                   |                           |   |  | Home Phone            |                            |                           |  |
|   | Employer Name/Address DATA O  |  |                    |                                     |                        |                                     |   |              | <br>(ITTED    |            |       |                   |                           |   |  | Business Phone        |                            |                           |  |
|   | VYR   | Color Lic/Lis Vin                      |                    |                                     |                        |                                     |   | Vin          |               |            |       |                   |                           |   |  |                       |                            |                           |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED  |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            |                           |  |
| Status<br>Codes   | L = L   | ost S<br>k "O.I"                       | = Stolen           | R = Recovered f recovered for other | D = I                  | Damaged<br>sdiction)                | Z = Seized  | B =          | Burn          | ed $C = 0$ | Cou   | ınterfeit / F     | orged                     | F = Foun  | d  |                       |                            |                           |  |
|   | Victim # DCI Status Value OJ QTY  |  |                    |                                     |                        |                                     | Property Description  |              |               |            |       |                   |                           |   | Mak  | e/Mo                  | ıdel 9                     | erial Number              |  |
| -<br>-<br>P -   | #   | Troperty Description                   |                    |                                     |                        |                                     |   |              |               |            | 17141 | C/ 1110           |                           | ATA OMITTED   |  |                       |                            |                           |  |
|   |   |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            | FOR                       |  |
|   |   |  |                    |                                     | _                      |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            | NFORMATION<br>SECURITY    |  |
| R<br>O  |   |  |                    |                                     | _                      |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            | PURPOSES                  |  |
| Р <sup>-</sup><br>Е -   |   |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            |                           |  |
| R   |   |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            | NLY THE FIRST             |  |
| T<br>Y  |   |  |                    |                                     | _                      |                                     |   |              |               |            |       |                   |                           |   |  |                       | TWE                        | LVE PROPERTY              |  |
|   |   |  |                    |                                     | _                      | +                                   |   |              |               |            |       |                   |                           |   |  |                       | ī                          | ITEMS ARE<br>DISPLAYED ON |  |
| -   |   |  |                    |                                     | _                      |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            | P2C REPORTS               |  |
| -   |   |  |                    |                                     |                        |                                     |   |              |               |            |       |                   |                           |   |  |                       |                            |                           |  |
|   |   |  | ehicles S          |                                     |                        | nber Vehic                          | cles Recovere   |              | 0             |            |       |                   |                           | g :   | G.   |                       |                            |                           |  |
| ID  | Officer TUT   |  | M. A. (            | ID<br>14990)                        |                        | Officer Sig                         | Officer Signature Supervisor Signature HATCH, M. B. (14878) |              |               |            |       |                   |                           |   |  |                       |                            |                           |  |
|   |   | lainant                                |                    | Case Status                         | Case Disposition:      |                                     |   |              |               |            |       |                   |                           | ,   | . 10. 5  |                       |                            |                           |  |
| Status  |   |  |                    |                                     |                        |                                     | ☐ Further ☐ Inact ☐ Closed ☐ Closed                         | ive<br>/Clea | ared          |            |       |                   | by A                      | Loc<br>rest<br>rest by And  | Refuse<br>other Ag                             | gency                 | ooperate                   | Page 1                    |  |