I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2428556						
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								08 10 2024 23:38 Hrs.						
N T	#1			Discharging F	`irea	ırm		ı —	Com	Month 08	D			lime 3:38 Hrs			Day Yr 10 202	Tir	
D	#2	Crime I	ncident						Att Com	Location	ı of	Incident					•	Offer	nse Tract
A T		'rime I	ncident				v/cla	yton St, \	Vinsto		<i>lem NC</i> Victim Res		21 Type						
A	#3	Jiiiic i	neident						Att Com	Premise	1 у г								ypc Multi Family
МО			d or Com				•					Forcible Yes	X N/A	We	apon / Too	ls			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															l Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Wes Unk															-			
V I		Victim/		igious ☐ L.E. Off Name (Last, First,			ity Othe	er/Un	iknow	n _	_	ternal Victim of		scious [r Major No N/A Sex Relationship Resident Status			
C T	V1					Crime #				Бел	To Offend	ler 🗀 1	Resident						
I			DA	ΓA OMITTED					1,							Non-Resident Unknown			
M	Home	Addre	ГТЕО								Home Phone								
,	Employer Name/Address DATA OMI															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																			
	Victim			Property Description								Mak	ake/Model Serial Number						
	# DCI Status Value OJ QTY							Property Description							17141	DATA OMITTED			
P - R - O					_														FOR
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			ehicles S	=		nber Vehi	cles Recovere		0					g :	G.				
ID	Office:		GAN, 1	ID M. <i>R</i> . (16168)	Officer Sig	Officer Signature Superviso WHIT								or Signature E, R. D. (15708)					
	Complainant Signature Case Stat									Case Disposition:								74 1''	D1' 1
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ai	Loc rest rest by Ander	Refuse other Ag	gency	ooperate		on Declined Page 1