I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2428707					
C	ORI	NC	NC 034	10200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s				Δ++ I	At Foun	d	S -M	1 T W	TFS	08		12   202	Time 4  13:30 Hrs SMTWTFS			
N T	#1			, Discharging F	irec	ırm		ı —	Com	Month 08	Da			T F S Time 3:30  Hrs			yn Secure Day Yr 12   2024	Time   13:29  Hrs	
D	#2	Crime I	ncident						$\rightarrow$	Location			†   1.	7.30	7 00		2 2024	Offense Tract	
A		~ · ·						_	Com				ging (	Ct, Winste	on-sal			323	
T A	#3	Jrime I	ncident						Att Com	Premise 7	Тур	e				- 1	Victim Resid	ence Type nily	
МО			d or Com MITTEI			<del>!</del>					Forcible  Yes  No	X N/A	We	apon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
	I Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☑ No ☐ N/A															_			
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ ()11	KIIOW	<u>п</u>   П	_	ernal [		3 / Age	Race	<del>.</del>			
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	Employer Name/Address DATA OM														Business Phone				
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ID	BUR		DAY							T. Å. (15478)									
	Comp	lainant	Signatur	e				r Inve	Case Disposition:    Unfounded   Located							_ □ Ex	tradition Declined		
Status							Closed							rest by And	t Refuse to Cooperate at by Another Agency Prosecution Declined Page 1				