I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2431291				
C I	ORI	NC					REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E		NC 034				☐ Att At Found							09 01 2024 14:27 Hrs.					
N T	#1			, Trespassi											Time			
D	#2	Crime I	ncident	•					- 1	Location	of Incident	•	•			, ,	Offense Tract	
A T	Colors Institute														alem NC 27105 121 Victim Residence Type			
A	#3							Com					☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI										Forcible Yes	X N/A	We	apon / Tools		
37	# of Victims Type No Business Injury 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															_		
V I																Relationship	Resident Status	
C T	V1 DATA OMITTED										Crime #		36			To Offender	Resident Non-Resident	
I M											1,			В	M	1RU	Unknown	
	Home	Addre	SS		D.	ATA OMI	ITTED						Home Phone					
•	Emplo	me/Add	ress	ATA OMI	A OMITTED						Business Phone							
,	VYR	M	Model	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	R = Recovered f recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forge	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo	del Se	rial Number	
- - P - R								1 7								DA	TA OMITTED	
					\dashv											IN	FOR FORMATION	
					\dashv												SECURITY	
O P -																	PURPOSES	
E ·					_											ON	I V THE EIDOT	
R T					+												LY THE FIRST VE PROPERTY	
Y					+												ITEMS ARE	
																DI	SPLAYED ON	
																P	2C REPORTS	
-	Numb	or of V	ahialas S	tolon 0	Nun	abar Vahid	alas Dagayara	d	0									
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																	
ID	MIL	LER,	J. R. (1	5818)			B						OISSEY, S. G. (15475)					
Status	Comp	iainant	Signatur	ē.			Case Status Further Inact Closed	r Inve ive /Clea	red			inded ed by A ed by A	☐ Loca	Refuse ther Ag	gency	ooperate	Page 1	