I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2432560									
C	ORI	NC	NC 03/	10200	1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time								
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTHTFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
N T	#1	5	Simple 1	Assault-non Agg	grave	ated Ass	sault	_	Com	Month 09				ime 0:48 Hrs				Time 19:47 Hrs.		
D	#2 Crime Incident																	Offense Tract		
A T	πэ (Crime I	ncident					_	Com Att	Premise			Wins	ton-salen	i NC 2		/ictim Reside	411 nce Type		
A	#3								Com			•						ly □Multi Family		
МО			d or Con MITTEI								Forcible Yes No	X N/A	We	apon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	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 No NA															_				
I C		Victim/	Business	Name (Last, First,			Victim of Do					3 / Age	Race		Relationship To Offender	Resident Status Resident				
T I	V1		DA	ΓA OMITTED					1,		34	$\mid W \mid$	$_{F}$	1RU	☐ Non-Resident					
M	Home Address											1,			l VV		ne Phone	Unknown		
	DATA OMI									<u> </u>										
	Employer Name/Address DATA OMI									ГТЕD							Business Phone			
,	VYR	M	ake	Model	Sty	/le	Color		Lic	c/Lis				Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	d 					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		rial Number			
- P - R _													DA	TA OMITTED FOR						
					<u> </u>												IN	FORMATION		
																		SECURITY		
O P .					_													PURPOSES		
E ·					\dashv												ON	LY THE FIRST		
T																	TWEL	VE PROPERTY		
Υ .																		ITEMS ARE		
					_													SPLAYED ON 2C REPORTS		
-					_												Г	2C KEFOK 15		
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0											
ID	Office:	C F	Officer Sig	fficer Signature Supervisor Signature COLLIER, L. B. (15465)																
ID	HARRELL, C. E. (16306) Complainant Signature Case State									Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	rest by Ano	Refuse ther Ag	gency	ooperate	Page 1		