I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	] IN	CIDENT/INVESTIGATION					OCA 2432900						
C I	ORI	NC					1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTWTFS Month Day Yr Time						Day   17   Time   16:03   Hrs.			
N T	#1	5	Simple 1	Assault-non Agg	grav	ated Ass	sault	ı —	Com	Month 09			Time 5:03  Hrs				Time 16:02 Hrs.		
D	#2	Crime I	ncident						- 1		of Incident				271		Offense Tract 112		
A T	#3	Crime I	ncident					_	Com Att	Premise 7		St, W 11	nston-sale	m NC		/ictim Resider			
A								Com					☐ Single Family ☐ Multi Family						
МО			d or Com										Forcible  Yes  No	Weapon / Tools					
	# of Victims   Type   Type   Person   Business   Injury   None   Type   Loss of Teeth   Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
I C		Victim/	Business	Name (Last, First,	le)					Victim o	f DO	B / Age	Race	Sex	Relationship To Offender	Resident Status Resident			
T I	V1 DATA OMITTED										1,		33	W	$_{F}$	10K	☐ Non-Resident		
M	Home Address										1,					ne Phone	Unknown		
	DATA OMI									ſTED 					D : N				
	Employer Name/Address DATA OMI								ΓΤΕD				Business Phone						
·	VYR	M	ake	Model	Sty	yle	Color		Lic	:/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 i	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	В=	Burn	ed $C = C$	Counterfeit	Forgeo	F = Foun	d 					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number		
- P - R _					+											DA	TA OMITTED FOR		
																IN	FORMATION		
																	SECURITY		
O P .					_												PURPOSES		
E - R					+											ON	LY THE FIRST		
T																	VE PROPERTY		
Υ :																	ITEMS ARE		
					_												SPLAYED ON		
					$\dashv$								-			P	2C REPORTS		
•	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0				<u> </u>						
ID	Office		D C ()	ID (5460)		Officer Sig	Officer Signature Supervisor Signature								14062)				
ID	CHEEK, D. C. (15469)  Complainant Signature Case Statu									JACOBS, A. P. (14962)  Case Disposition:									
Status	1		Ū				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ıred		☐ Unfo ☐ Clear ☐ Clear	unded ed by A ed by A	☐ Loc	Refuse other Ag	gency	ooperate	Page 1		