| I N | Agenc | y Name | | VSTON-SALEN | DLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2435645 | | | | | |
|--|---|--|----------------------|------------------------------------|------------------|---|-------------------------------------|--------------|------------|-----------|-------|--------------------|----------------|--|-------------------|------------------------------------|---------------|-----------------------|--|
| C | ORI | NC | | | | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | NC 034 | | | ☐ Att At Found SMT₩TFS Month Day Yr Time | | | | | | | | Time 10 04 2024 14:46 Hrs. Last Known Secure S M T M T F S Month Day Yr Time Time Month Day Yr Time Time Month Day Yr Month Day Yr Time Month Day Yr Month Day | | | | | |
| N T | #1 | | | Missing Pe | rson | | | ı — | Com | Month 10 | | | | ime 0:00 Hrs | | | | Time 09:30 Hrs. | |
| D | #2 | Crime I | ncident | | ı — | Att Location of Incident Offense Tr | | | | | | | | | | | | | |
| A T | #3 | Crime I | ncident | | | | | | Com Att | Premise 7 | | | win | ston-salei | n NC | VC 27284 214 Victim Residence Type | | | |
| A | | | | | | | | Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com | | | | | | | | | Forcible Yes No | Weapon / Tools | | | | | | |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Governmigious L.E. Off | | | | | know | . – | | ken Bone rnal 🔲 | | Severe | Lacerat Other | tions Majo | | es Unknown O N/A | |
| I C | | Victim/ | Business | Name (Last, First, | Victim of DOI | | | | | 3 / Age | | | | Resident Status | | | | | |
| T I | V1 DATA OMITTED | | | | | | | | | | | 1, | | 24 | $\mid w \mid$ | $_{F}$ | 1RU | Non-Residen | |
| M | Home Address | | | | | | | | | | | | | | | Home Phone Unknown | | | |
| | DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | DATA | | | | | | | | MITTED | | | | | | | | ness Phone | | |
| | VYR | M | ake | Model | Styl | le | 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 = D r juris | amaged diction) | Z = Seized | B = | Burn | ed C = 0 | Count | terfeit / F | orged | F = Found | il | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | | erial Number | |
| - P - R _ | | | | | | | | | | | | | D | ATA OMITTED FOR | | | | | |
| | | | | | + | | | | | | | | | | | | I | NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | _ | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | + | | | | | | | | | | | | O | NLY THE FIRST | |
| T | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | _ | | | | | | | | | | | | | P2C REPORTS | |
| | | | | | + | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Numl | ber Vehic | cles Recovere | d | 0 | | | | | ľ | | | | | |
| ID | Office: | | A. E. (1 | ID (5425) | Officer Sig | Officer Signature Supervisor Signature COLLINS, A. B. (14763) | | | | | | | | | | | | | |
| ID | | | Signature | | Case Status | s Case Disposition: | | | | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | red | | | | by Ar | Test by Ano | Refuse ther Ag | gency | ooperate [| Page 1 | |