I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	CIDENT/INVESTIGATION REPORT					OCA 2436188					
I C	ORI	NC	NC 034	10200			1						Date / Time Reported SMIWTFS Month Day Yr Time					
D E		rime I				Att I	At Found	1 S	M _I W	 T F S	10		08 2024	Time 4				
N T	#1			, Assault-non Agg	ı —	☐ Att At Found S M							Day Yr 🖰	Time $16:28$ Hrs.				
D.	#2		ncident		<u>, </u>				Att	Location	of Incident	•	•				Offense Tract	
A T		Trima I	ncident					_	Com	2719 N Premise T		v, Wi	iston-sale	m NC		05 /ictim Reside	112	
A	#3	Jime I	neident						Att Com	1 Tellise 1	Турс				- 1		lce Type ly	
МО			d or Com MITTED					Forcible Yes					☐ Yes [Weapon / Tools				
	# of V	ictims	Type	□ Person	_	Business				Injury		_	Inor □	Loss o	f Teet	_	lcohol Use:	
V	3 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra														Sex	Relationship	Resident Status	
C T	V1 DATA OMITTED Crime # 22															To Offender	Resident Non-Resident	
I M ·											1,			В	F	1AQ,2V	Unknown	
	Home Address DATA OMIT									ГТЕD					Home Phone			
•	Employer Name/Address DATA OMI								ГТЕD					Business Phone				
•	VYR	M	ake	Model	St	yle	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 i	R = Recovered frecovered for other	D = 1 r jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit /	Forged	F = Found	il 				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		erial Number	
- - P - R													DA	ATA OMITTED				
																I	FOR FORMATION	
					\dashv												SECURITY	
0																	PURPOSES	
Р ⁻ Е -																		
R.					_												VE PROPERTY	
Т Ү													-			1 WEI	VE PROPERTY ITEMS ARE	
-					\dashv											D	ISPLAYED ON	
-					\neg												2C REPORTS	
_																		
			ehicles S			nber Vehi	cles Recovere		0				Cumami	Cion-4	180			
ID	Officer SAII	V, <i>C</i> . J	I. (1634	ID (48)	t†		Officer Sig	natui	ie				Supervisor CARLII	signati V, <i>J</i> . <i>I</i>	иге Д <u>. (1</u> 4	4974)		
	Complainant Signature Case State									tion	Case Disp			tod.		_ P	radition Dacition 1	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			ed by A ed by A	☐ Loca rrest ☐ rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	