I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2438616								
C	ORI	NC	NC 034	10200	1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time								10 27 2024 04:46 Hrs. Last Known Secure S M T W T F S Month Day Yr Time					
N T	#1			, Assault-non Agg	grave	ated Ass	sault	_	Com	Month 10 I				l:46 Hrs			Day Yr	Time $04:45$ Hrs.	
D	#2		ncident	80	,			_	Att	Location	of I	ncident					, , =	Offense Tract	
A T	A Coinc Incident														m NC		05 Victim Resid	112	
A	#3	Jillie I	neident						Att Com	Tremise	турс					- 1		ily ∏Multi Family	
МО			d or Con MITTEI											Forcible Yes No	X N/A	We	apon / Tools		
	# of V	ictims	Туре	∑ Person	□В	Business				Injury	у [☐ None	XM		Loss o	f Tee	th Drug/A	Alcohol Use:	
*7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relationship	Resident Status	
C T	V1		DΛ	ΓA OMITTED				C	Crime #		26			To Offender					
I M				TA OMITTED					1			W	F	1RU	Unknown				
	Home Address DATA OMIT									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI									- ITED					Business Phone				
,	VYR	M	ake	Model	Sty	/le	Color		Lie	c/Lis				Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Le (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Coun	nterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del S	erial Number		
- - P - R													D	ATA OMITTED					
																	ī	FOR NFORMATION	
																		SECURITY	
ο .																		PURPOSES	
Р ⁻ Е -																			
R.																		NLY THE FIRST	
Т Ү.																	1 W.E.	LVE PROPERTY ITEMS ARE	
																	Г	OISPLAYED ON	
-																		P2C REPORTS	
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																		
ID	Office:	Officer Sig									r Signature LLEY, S. A. (14880)								
			Signatur		Case Status		Case Disposition:							100 5 00					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	Test Loca rest D	Refuse ther Ag	gency	ooperate Г	Page 1	