I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2439138				
C	ORI	NC	NC 03/	10200			1			REP	ORT		-	Date / Mon		D 0.7 77 76	SMTWIFS	
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWIFS Month Day Yr Time						10 31 2024 01:01 Hrs. Last Known Secure SMTMFS SMOTH Day Yr Time			
N T	#1			Aggravated A	ssau	ılt		ı —	Com	Month 10			fime 1:01 Hrs				Time $01:00$ Hrs.	
D	#2	Crime I	ncident						- 1		of Incident	A., B	I K Winst	on sa	Lom	NC	Offense Tract 222	
A T	#3	Crime I	ncident					☐ Com 800 N Jackson Av - BLK, Wins. ☐ Att Premise Type					on-sa	Victim Residence Type				
A		1	1 6	*** 1				Com					LE 31	☐ Single Family ☐ Multi Family Weapon / Tools				
МО			d or Com										Forcible Yes No	X N/A		apon / Toois		
v	# of V	ictims	l	N Person	_	Business		,		Injury		_	· · · · · · · · · · · · · · · · · · ·	Loss o			Alcohol Use:	
	1			ciety Governme igious L.E. Off			inancial Institution Instituti		know	. –	Broken Bo		Severe nscious	Lacera Other	tions Majo		es □Unknown O □N/A	
I C		Victim/	Business	Name (Last, First,	Middl	le)		Victim of DO Crime #				_	B / Age	Race			Resident Status	
T I	V1		DA	ΓA OMITTED					1,		57	$\mid_{B}\mid$	M	1RU	☐ Non-Resident			
M	Home Address															ne Phone	Unknown	
	Emple	ıme/Addı	*****		OMITTED						D : N							
	•				D		ΓA OMITTED						Business Phone					
	VYR	M	ake	Model	Sty	le	Color		Lic	/Lis			Vin					
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 = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit /	Forged	F = Foun	d 				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ke/Mo		erial Number	
- P - R _					_											D	ATA OMITTED FOR	
													+			I	NFORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E ·					+											0	NLY THE FIRST	
Т																TWE	LVE PROPERTY	
Y																	ITEMS ARE	
					+												P2C REPORTS	
					+												1 2C KEI OK IS	
			ehicles S			nber Vehic	cles Recovere		0									
ID	Office:	r NES	C. R. (ID 16062)		Officer Sig	Officer Signature Supervisor ALLEN								5431)			
	Complainant Signature Case S								us Case Disposition:						- (·		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			ed by A ed by A	rrest by And	Refuse other Ag	gency	ooperate	tradition Declined Page 1	