I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2439556					
C	ORI	NC	NC 03/	10200			REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time						11 03 2024 01:23 Hrs.			
N T	#1 Aggravated Assault									Month Day Yr Time Month Day Yr Time II 03 2024 01:23 Hrs 11 03 2024 01:								
D	#2	Crime I	ncident			_	-								Offense Tract 411			
A T	#3	Crime I	ncident						-	Premise 7		oi, vvir	sion-saier	n IVC		Victim Resider		
A								Com					T	☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI					Forcible						Weapon / Tools				
v	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No No No															_		
I C		Victim/	Business	Name (Last, First,	Midd	le)		Victim of DC Crime #				B / Age	Race			Resident Status Resident		
T I	V1 DATA OMITTED										1,		28	$\mid_{B}\mid$	M	10K	☐ Non-Resident	
M	Home Address										1,			Б		ne Phone	Unknown	
	DATA ON Employer Name/Address DATA ON								ITTED					D : N				
	Emplo	ime/Addi		ATA OMIT	A OMITTED						Business Phone							
,	VYR	M	ake	Model	Sty	/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	R = Recovered frecovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit	/ Forgeo	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	e/Mo		rial Number	
- P - R _																DA	TA OMITTED FOR	
																IN	FORMATION	
																	SECURITY	
O P .																	PURPOSES	
E ·																ON	LY THE FIRST	
T																TWEL	VE PROPERTY	
Y																	ITEMS ARE	
																	SPLAYED ON 2C REPORTS	
																г	2C REPORTS	
•	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0									
ID	Office:		A (1)	ID (125)		Officer Sig	Officer Signature Supervisor Signature PERKINS, R. A. (15028)											
עו	ANTAL, K. A. (16125) Complainant Signature Case S														,			
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			ed by A ed by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	