I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2439637				
I ·	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E		ncident(s			<u> </u>	Att At Found SMTWTFS Month Day Yr Time							11 03 2024 17:37 Hrs. Last Known Secure SMTWTFS Month Day Yr Time				
N T	#1			Aggravated A	ılt		X Com 11 03 2024 17:37 Hrs 11 03									Time 17:36 Hrs.	
D	#2	Crime I	ncident														Offense Tract
A T	#3	Crime I	ncident					Att Premise Type					ision	Victim Residence Type			
A		\	1 C					Com Forcible					F3-1-	☐ Single Family ☐ Multi Family Weapon / Tools			
MO			d or Com MITTEI										Yes [X N/A	wea	apon / 100is	
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																
	1			ciety Government Gious L.E. Off			inancial Institu ity 🔲 Othe		know		Broken Bon Internal		Severe	Lacerat Other	ions Majo		s □Unknown □N/A
I C	1	Victim/	Business	Name (Last, First,	Middl	le)		Victim of DOB				B / Age				Resident Status	
T I	V1		DA	ΓA OMITTED				1,					28	W	$_{F}$	1RU	☐ Non-Resident
M ·	Home	Addre	ss									<u> </u>		ne Phone	Unknown		
	Emplo	me/Add	ress		A OMITTED						Business Phone						
	VYR		ake	Model		ATA OMITTED Color Lic/Lis Vin						Vin					
	VIK	IVI	ake	Wodel	Sty	/16	Color		LIC	LIS			V III				
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 = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	counterfeit / 1	Forged	F = Found	i 			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		rial Number
- P - R _					\perp											DA	TA OMITTED FOR
					+											IN	FORMATION
																	SECURITY
O P -					+												PURPOSES
Е-					+											ON	LY THE FIRST
R T					+												VE PROPERTY
Y .																	ITEMS ARE
																DI	SPLAYED ON
					\perp											P	2C REPORTS
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	eles Recovere	d	0								
	Officer ID# Officer Signature Supervisor Signature																
ID			<i>I. (1634</i> Signatur			Case Status	RAI						KIN, K. L. (15100)				
Status	Comp	iaiiiäNt	oignatur				Case Status Further Inact Closed	Inve ive /Clea	red		☐ Unfour ☐ Cleared ☐ Cleared	nded I by A I by A	Loca	Refuse ther Ag	ency	ooperate	Page 1