I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2439796					
C	ORI	NC	NC 03/	10200			REPORT							Date / Time Reported SMTWTFS					
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time							11 04 2024 22:08 Hrs. Last Known Secure SMTWTFS			
N T	#1 Aggravated Assault									Month Day Yr Time Month Day Yr									
D	#2	Crime I	ncident			ı —	Att Location of Incident Offense								Offense Tract 223				
A T	#3	Crime I	ncident					Att Premise Type					iiem r	Victim Residence Type					
A		\	1 C					Com					☐ Single Family ☐ Multi Family Weapon / Tools						
MO			d or Com MITTEI										Forcible Yes No	X N/A	we	apon / 1 oois			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1			ciety Government Gious L.E. Off			inancial Institution		know		Broken Bo Internal		Severe	Lacera Other	tions Majo		s □Unknown □N/A		
I C		Victim/		Name (Last, First,				Victim of DO Crime #				of DO	B / Age Race Sex			, , , , , , , , , , , , , , , , , , , 			
T I	V1		DA	ΓA OMITTED					1,		27	W	M	1AQ	☐ Non-Resident				
M	Home Address															ne Phone	Unknown		
	Employer Name/Address DATA (OMITTED						D : D				
	•				D		TA 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 = 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							Mak	ce/Mo		rial Number		
- P - R _					+											DA	TA OMITTED FOR		
					+											IN	FORMATION		
																	SECURITY		
O P .					_												PURPOSES		
E - R																ON	LY THE FIRST		
T					\top												VE PROPERTY		
Υ :																	ITEMS ARE		
					4												SPLAYED ON		
-					+											Р	2C REPORTS		
•	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0										
ID	Office	r		ID	Officer Sig		-				Supervisor			5602)					
ID			M. (16 Signatur			Case Status	Case Status Case Disposition:						CROKE, B. K. (15602)						
Status	P		G				☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	ıred		☐ Unfo ☐ Clear ☐ Clear	unded ed by A ed by A	☐ Loc	Refuse other Ag	gency	ooperate	Page 1		