I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2440089							
C	ORI	NC					1	REPORT								Date / Time Reported SMTWIFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time							11 07 2024 01:03 Hrs. Last Known Secure SMTMIFS			
N T	#1 Drug Violations									Month Day Yr Time Month Day Yr Time X Com 11 07 2024 01:03 Hrs 11 07 2024 01:0										
D	#2	Crime I	ncident			Att Com	Location			****	d Ct Win	gton g	alan	NC	Offense Tract					
A T	#3	Crime I	ncident				Premise T	Type Victim Residence Type Victim Residence Type												
A								Com					- "1		_		nily			
MO			d or Com MITTEE											Forcible Yes No	X N/A	We	apon / Tool	S		
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	. –		ken Bone ernal 🔲		☐ Severe	Lacerar Other		. –	Yes □ Unknown No □ N/A		
I C		Victim/	Business	Name (Last, First,		= :					3 / Age	Race	Sex		p Resident Status					
T I	V1		DA	ΓA OMITTED					<i>1</i> ,					10 Offende	☐ Non-Resident					
M	Home Address									·						Hon	ne Phone	Unknown		
	DATA OMI														Durings Diagram					
									OMITTED						Business Phone					
	VYR	M	ake	Model	Styl	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 i	R = Recovered frecovered for other	D = D r juris	amaged diction)	Z = Seized	B =	Burn	ed $C = C$	Coun	nterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		Serial Number		
- P - R _													Ι	PATA OMITTED FOR						
																		INFORMATION		
																		SECURITY		
O P .					+													PURPOSES		
E ·					+												(ONLY THE FIRST		
T																	TWI	ELVE PROPERTY		
Y																		ITEMS ARE		
					_													DISPLAYED ON		
-					+													P2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Numl	ber Vehic	cles Recovere	d	0											
ID	Office:		J. Z. (1	ID 16214)		Officer Signature Supervisor Signature GEOGHEGAN, M. R. (16168)											(68)			
ID			Signature		Case Status															
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red				by Ar	Test by Ander	Refuse other Ag	gency	ooperate	Page 1		