I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2441050				
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time							Last Known Secure SMTWTFS.  Last Known Yr Time  Month Day Yr Time			
N T	#1			Aggravated A	ılt		X Com   11   13   2024   20:49   Hrs										
D	#2	Crime I	ncident													Offense Tract	
A T	#3	Crime I	ncident						$\overline{}$	Premise T		ision	-saiem iv	2/12		/ictim Resider	
A		\	1 C					Com Forcible					F3-1-	☐ Single Family ☐ Multi Family  Weapon / Tools			
MO			d or Com MITTEE										Porcible   Yes [   No	X N/A	wea	apon / Tools	
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																
	1			ciety Governme igious L.E. Off			inancial Institution Instituti		know		Broken Bone Internal 🔲		Severe	Lacerat Other	tions Majo:		s □Unknown □N/A
I C		Victim/	Business	Name (Last, First,	Midd	le)		Victim of DOB Crime #				3 / Age 29	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓA OMITTED				1,				29	$_{B}$	$_{F}$	1AQ	☐ Non-Resident	
M	Home	Addre	ss		. T O. W							Б		ne Phone	Unknown		
	Employer Name/Address  DATA O													Business Phone			
	VYR		ake	Model		ATA OMITTED  Color   Lic/Lis   Vii						Vin					
	VIK	IVI	аке	Wodel	Sty	yie	Color		LIC	LIS			VIII				
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 = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	ounterfeit / F	Forged	F = Found	i 			
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number
- P - R _					_											DA	TA OMITTED FOR
					+											IN	FORMATION
																	SECURITY
O P .					_												PURPOSES
E - R					+											ON	LY THE FIRST
T.					+												VE PROPERTY
Υ .																	ITEMS ARE
																	SPLAYED ON
					+											P	2C REPORTS
-	Numh	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0								
	Office	r		ID				Officer Signature Supervisor Signature									
ID	Comp	Case Status	<u> </u>		1	Case Dispos	sition	COLLI	LIEŘ, L. B. (15465)								
Status	Comp	t	~1511utul1	-			☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	red		☐ Unfoun ☐ Cleared ☐ Cleared	ided l by Ai l by Ai	Loca	Refuse ther Ag	gency	ooperate	Page 1