I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2441933					
C ·	ORI	NG				2202	-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E			NC 034			<u> </u>	11 2							20 2024 16:21 Hrs.				
N T	#1 Crime Incident(s) Communicating Threats -intimidation, Non Physical								☐ Att At Found SM TH TFS Last Known Month Last Known Known Month Last Known Know Know							inown Secure SMTMTFS n Day Yr Time 20 2024 16:20 Hrs.		
D .			ncident	18 1111 00115 1111111	ricicii	1011, 110	n i nysteet		\rightarrow		of Incident	<u> 24 10</u>	0.21 1113	11			Offense Tract	
A		~ · ·						Com										
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com					Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com										Forcible Yes	N/A	Wea	apon / Tools		
																cohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																	
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	r/Un	know	'n 🗆	Internal [nscious B / Age	Other	r Major No N/A Sex Relationship Resident Status			
C T	V1	v ictiii/			wiiddi)		Crime #				ן ו	33	Race		To Offender	Resident Resident	
I	,]		DA	ΓA OMITTED							1,			$\mid B \mid$	F	1FR	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMIT									ГТЕО					Home Phone			
	Employer Name/Address DATA ON													Business Phone				
	VYR	Model	Color Lic/Lis V						Vin									
O T H E R S I N V O L V E D		DATA OMITTED																
Status	S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Codes	(Chec Victim	k "OJ"	column i	f recovered for other	r juris	sdiction)							<u> </u>					
	# DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number TA OMITTED	
P - R _					_											DA	FOR	
																	FORMATION	
					_												SECURITY	
O P					+												PURPOSES	
E - R					+											ON	LY THE FIRST	
T .					-												VE PROPERTY	
Y					\top												ITEMS ARE	
																	SPLAYED ON	
-					+											P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0									
	Officer ID# Officer Signature Supervisor Signature													0)				
ID		T. D. (Signature			Case Status							GEOGHĒGAN, M. R. (16168)						
Status	Comp		~15matul(-			☐ Further☐ Inact☐ Closed	· Inve ive /Clea	ıred		☐ Unfor	inded ed by A ed by A	rrest Loca	Refuse ther Ag	ency	ooperate	adition Declined	
							☐ Closed	/Leac	is Ext	hausted L	□ Death	of Off	ender \Box	Prosec	ution	Declined	Page 1	