I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2443586						
C	ORI	NC	NC 034	10200				REPORT							Date / Time Reported SMIWTFS Month Day Yr Time 12 03 2024 19:21 Hrs.					
D E			ncident(s					Att	At For					Last	Known Secure S M ∓			:21 Hrs.		
N T	#1			Discharging F	`irea	ırm		_	Com	Month 12				ime 1:21 Hrs				Tim 4 19:2		
D	#2	Crime I	ncident]				f Incident	W/in a	4 a.m. a al am	. NC	710	5	Offens	se Tract	
A T	#3	Crime I	ncident					_	Com Att	Premis		Main St,	vvins	ton-saten	i NC 2		Victim Res			
A						Com								<u> </u>		Iulti Family				
МО			d or Com MITTEI										Forcible ☐ Yes ☐ No	X N/A	We	apon / Too	ls			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1			ciety Government Gious L.E. Off			inancial Institution		ıknow		_	roken Bone		Severe	Lacerar Other		–	_	Unknown N/A	
I		Victim/		Name (Last, First,		Victim of DOB / Age				Race	<u> </u>	Relationsl	nip Resid	dent Status						
C T	V1		DA	ΓA OMITTED	Crime #								To Offeno		esident on-Resident					
I M																Hon	ao Dhono		nknown	
	DATA OMI									ITED						Home Phone				
	Emplo	oyer Na	ress	ATA OMI	ITTED							Business Phone								
,	VYR Make Model Style						Color Lic/Lis Vin							Vin						
T H E R S I N O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
P - R - O	"	, 22 2						Trade and Kara								DATA OMITTED				
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-	Numb	er of V	ahiclas S	tolen 0	Nun	abar Vahi	clas Dacovara	d	0											
	Officer ID# Officer Signature Supervisor Signature																			
ID			<i>M. (158</i> Signatur			Case Status	ĊH.							, <i>V. N.</i>	(15	139)				
Status	Comp	iaiiiaiit	oignatur				☐ Further ☐ Closed ☐ Closed	Inve ive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate		n Declined	