I N	Agenc	y Name		VSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2444103										
C																ate / Time Reported SMTWTFS Month Day Yr Time 12   08   2024   09:56 Hrs.						
D E		Crime I			П	Att	At Foun		<u>\$</u> M	TW	T F S	Last				09:56 M T W T						
N T	#1	Simple Assault-non Aggravatea Assaul							Month Day Yr Time									Last Known Secure   S M T W T F S Time   Time   Handle   Handle				
D	#2 Crime Incident															271	27	C	offense Trac 314	ct		
A T	#3	Crime I	ncident			Premise '					n IVC	Victim Residence Type										
A					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family											
МО			d or Com								Forcible  Yes  No											
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																					
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															JWII						
I C	Victim/Business Name (Last, First, Middle)  Victim Crime													DOB / Age Race			Relations To Offer		Resident S			
T I	V1 DATA OMITTED													00   W			1ST,2		☐ Non-Re	siden		
M	Home Address															M   1ST,2ST   □ Unknown   Home Phone				vn		
	Employer Name/Address DATA OMIT									TTED												
	Emplo	oyer Na	ress	ATA OMI	ITTED					Business Phone												
,	VYR	M	ake	Model	Sty	yle	Color		Lie	c/Lis				Vin								
T H E R S I N V O L V E D	DATA OMITTED																					
Status Codes																						
	Victim # DCI Status Value OJ QTY						Property Description								Mal	Jake/Model Serial Number						
- P - R														DAT	FOR	ED						
					+													INI	ORMATIC	ON		
																		5	SECURITY	<u></u>		
O .																		I	PURPOSES	<u>;                                    </u>		
E ·					_													ONI	Y THE FI	туя		
R T					-												TV		E PROPER			
Y					_														TEMS AR			
																		DIS	PLAYED	ON		
																		P2	C REPORT	ΓS		
-	Numb	er of V	ehicles S	tolen 0	Nue	nher Vehic	cles Recovere	d	0											—		
	Office	r		ID		ioci v Cill	Officer Sig		_				Ī	Supervisor						-		
ID	Comp	Case Status	LEA							СН, Ј. М. (15710)												
Status	Comp	iamalli	Signatur			☐ Further ☐ Inact ☐ Closed										dition Decl Page 1	ined					