I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2444273					
I ·	ORI	NC	NC 03/	10200			1			REP(ORT					Day Yr	SMTWTFS Time		
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time							12 09 2024 19:47 Hrs.			
N T	#1			Aggravated A	ssau	ılt		ı —	Com	Month 12			Time 9:47 Hrs				Time 19:46 Hrs.		
D	#2	Crime I	ncident] [Att Com	Location 760 F			on-salem l	NC 23	7101		Offense Tract 221		
A T	#3	Crime I	ncident						_	Premise T		, winsi	on-satem 1	VC 27		Victim Reside			
A		\	1 C					Com Forcible					F:1-1-	☐ Single Family ☐ Multi Family Weapon / Tools					
MO			d or Com MITTEE										Yes [X N/A	we	apon / Tools			
	# of V	rictims		☑ Person	_	Business				Injury	X No.			Loss o			lcohol Use:		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
I C		Victim/	Business	Name (Last, First,	Midd	le)		Victim of DOE Crime #				B / Age				Resident Status			
T I	V1		DA	ΓA OMITTED							1,	TT	18	$\mid_{B}\mid$	M	1RU	☐ Non-Resident		
M ·	Home	Addre	ss									<i>D</i>		ne Phone	Unknown				
	E1 N/A 11							TA OMITTED						Business Phone					
	VYR		ake	Model		Color	TA OMITTED Color Lic/Lis Vir						Business I none						
	VIK	M	аке	Model	Sty	/ie	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 = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfei	t / Forge	d F = Found	d 					
	Victim # DCI Status Value OJ QTY					Property Description							Mal	ce/Mo		erial Number			
- P - R _													DA	TA OMITTED FOR					
																IN	FORMATION		
																	SECURITY		
O P -					_												PURPOSES		
Е-																ON	ILY THE FIRST		
R T																	VE PROPERTY		
Y																	ITEMS ARE		
																	ISPLAYED ON		
					_											F	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	cles Recovere	d	0										
	Office	r		ID		ioci veille	Officer Sig		-				Supervisor						
ID	HAY			CROKE, B. K. (1)								5602)							
Status	Comp	ıaınant	Signatur	e			Case Status Further Inact Closed	r Inve		tion		ounded ared by A	☐ Loca	Refus	e to C	ooperate	adition Declined		
										nausted			ender –				Page 1		