I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2503911						
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								Day YF Time   O2   O3   2025   21:08 Hrs.							
N T	#1			Discharging H	irec	arm		_	Com	Month 02	D			lime 1:08  Hrs				7 <sub>r</sub> – 925	Time 21:07 Hrs.	
D	#2	Crime I	ncident						Att	Location	n of	Incident				•	75   20		Offense Tract	
A T		'rime I	ncident					_	Com	410 P			nstor	ı-salem N	IC 271		Victim R	esiden	121	
A	#3	Jime 1	nerdent						Att Com	Tremise	171	,				- 1			y □Multi Family	
МО			d or Com		Forcible Yes						Weapon / Tools									
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															cohol Use:				
V	1			ciety  Governm igious L.E. Of			inancial Institu		know		-	roken Bone ternal 🔲		Severe	Lacera Other			⊐ Yes ⊠ No	Unknown	
I		Victim/		Name (Last, First,			aty 🔲 Out	217 (211	IKIIOW	11 L		Victim of		3 / Age	Race	<del>.</del>	Relation	nship	Resident Status	
C T	V1		DA	ΓΑ OMITTED	Crime #									To Offe	nder	☐ Resident ☐ Non-Residen				
I M												1,							Unknown	
	Home Address DATA OMI									ГТЕD						Home Phone				
	Employer Name/Address DATA OMI									TTED					Business Phone					
,	VYR	Color Lic/Lis Vin							Vin											
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #		Status	Value	QTY	Property Description								Mak	ake/Model Serial Number					
P - R - O	"	# DCI Status Value OJ QTY Property Description												DA	TA OMITTED					
																		IN	FOR FORMATION	
																			SECURITY	
																			PURPOSES	
P -																		ONT	L W THE EID OF	
R T Y																	Т		LY THE FIRST VE PROPERTY	
					$\dashv$	+													ITEMS ARE	
-																		DI	SPLAYED ON	
																		P	2C REPORTS	
-	Numb	or of V	ehicles S	tolen 0	Nin	mbar Vahi	cles Recovere	d	0											
	Office	r		ID		MUCI VEIII	Officer Sig		-				1	Supervisor	Signat	ure				
ID			<i>GAN, 1</i> Signature	M. R. (16168)	Case Status	ŴНП							E, R. D. (15708)							
Status	Comp	iaiiiäNt	oignatuf(				☐ Further ☐ Closed ☐ Closed	r Inve tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest rest by And	] Refuse other Ag	gency	ooperate	: 	Page 1	