I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION								OCA 2016197						
C	ORI	NC	NC 034	10200	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time									
D E			ncident(s		Att At Found Att Nonth Day Yr Time								Day 2020 O1:35 Hrs. Last Known Secure S M T W T F S Month Day Yr Time								
N T	#1			Suspicious P	ı —	X Com 03 29 2020 01:35 Hrs								Month Day Yr Time 03 29 2020 01:35 Hrs.							
D	Com 200 Coldflorg Sthyanana														Vineto	n sa	lom NC	C	Offense Tra 311	ct	
A T	#3	Crime I	ncident		☐ Com 399 Goldfloss St/vargrave St, ☐ Att Premise Type							vinsio	Victim Residence Type								
A		\	1 C					Com						☐ Single Family ☐ Multi Family Weapon / Tools							
MO			d or Com MITTED									Forcible Yes No									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															own					
I C		Victim/		Name (Last, First,	Victim of DC					3 / Age	Race	<u> </u>	*, 								
T I	V1		DA	ΓA OMITTED	Crime #								To Offer		☐ Non-Residen						
M	Home	ess									Home Phone				wn						
	DATA OM															D : N					
					ATA OMITTED								Business Phone								
	VYR	M	ake	Model	Sty	le	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 = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	interfeit / F	Forged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number					
-														DA	FOR	ED_					
P - R _					+													INI	FORMATI	ON	
																			SECURITY		
O P .					+]	PURPOSE	<u>S</u>	
E -					+													ONI	LY THE FI	RST	
R T																	TV		E PROPE		
Υ .																ITEMS ARE					
																			SPLAYED		
-					_													P2	C REPOR	TS_	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0											—	
	Office	r		ID				Officer Signature Supervise								or Signature					
ID			<i>ON, B.</i> Signatur	. (15604)	Case Status Case Disposition:								LETARY, J. O. (15533)								
Status	Comp	iamant	Signatul				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	red			☐ Unfoun☐ Cleared☐ Cleared	ided l by Ai l by Ai	Loc rest rest by And] Refuse other Ag	gency	cooperate		dition Dec		