I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2254325						
C	ORI	NC	NC 03/	10200			1	REPORT							Date / Time Reported SM TFS				
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMIWTFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1		Simple 1	Assault-non Agg	_	Com	Month 11	Day 08			ime !:51 Hrs				Time $14:50$ Hrs.				
D	#2	Crime I	ncident]	- 1	Location 2503			Vinet	on-salem .	NC 2'	7103	1	Offense Tract 312				
A T	#3	Crime I	ncident					_	Com Att	Premise 7		en Si, vi	ririsio	m-saiem .	VC 27		Victim Resider		
A									Com									ly ∏Multi Family	
МО			d or Com MITTEI								Forcible Yes No	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governme igious X L.E. Off		_	inancial Institution Instituti		know			ten Bone mal 🔲		Severe	Lacera Other	tions Majo		s □Unknown □N/A	
I C		Victim/	Business	Name (Last, First,			Victim of DC Crime #					_				Resident Status Resident			
T I	DATA OMITTED													50	W	M	10K	☐ Non-Resident	
M	Home Address									1,					, , , , , , , , , , , , , , , , , , ,		ne Phone	Unknown	
	DATA OMI									<u> </u>									
	Employer Name/Address DATA OM									TTED					Business Phone				
'	VYR	M	ake	Model	Sty	/le	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Count	erfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY					QTY	Property Description								Mak	ke/Mo		rial Number	
- P - R _													DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P .																		PURPOSES	
E ·																	ON	LY THE FIRST	
T																	TWEL	VE PROPERTY	
Υ .																		ITEMS ARE	
																		SPLAYED ON 2C REPORTS	
																	г	2C REPORTS	
_	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0										
ID	Office:		D. (16	ID (069)	Officer Sig	Officer Signature Supervisor Signature HORSLEY, S. A. (14880)													
ID			Signatur		Case Status		Case Disposition:						ند و د د د د						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	Test by Ano	Refuse ther Ag	gency	ooperate	Page 1	