I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2409788						
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTHTFS Month Day Yr Time				
D E			ncident(s				│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								03 20 2024 13:47 Hrs Last Known Secure S M T H T F S M T H T F S				
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D	#2	Crime I	ncident							Location		Incident				271/	n 1	Offense Tract	
A T	#3	Crime I	ncident						Com Att	Premise 7			w in:	ston-salei	n NC			dence Type	
A									Com							_		mily □Multi Famil	
МО			d or Com MITTEE										Forcible Yes No	X N/A	We	apon / Tool	S		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	2 X Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No N/A															_			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age F														Race	<u> </u>	Relationsh	ip Resident Status	
T	V1	DA	ΓA OMITTED					Crime #					To Offend	Resident Non-Resider					
I M ·	Home	Addre	cc		1,							Hon	ne Phone	☐ Unknown					
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T H E R S I N O L V E D	DATA OMITTED																		
Status Codes																			
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- - P - R													I	DATA OMITTED					
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ID	LYN	Officer Sig	Officer Signature Supervis (0)							or Signature									
	Complainant Signature Case Stat									Case Disposition:								vtradition Danlie - 1	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by Ar	Test by Ander	Refuse other Ag	gency	ooperate	xtradition Declined Page 1	