I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION						N [OCA 2410896						
C	ORI	NC	NC 02	10200		1	REPORT							Date / Time Reported SMTWTES Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTWTFS Month Day Yr Time						Day Time 11.32 Hrs.			
N T	#1			, ation Of Auto L	aw-a	all Other	r	ı —	Com	Month 03	Day '			me 32 Hrs			Day Yr 🗀	Time 11:32 Hrs.	
D	#2	Crime I	ncident	<u> </u>					Att	Location	of Incide	ent						Offense Tract	
A T		Trima I	ncident					_	☐ Com 999 Ballpark Wy/peters Creek. ☐ Att Premise Type						Pw, W			111	
A	#3	Jime I	neident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Com MITTEI		Forcible Yes						☐ Yes ☐	Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown															_			
V I		Victim/		Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆	Internal Victin			cious / Age	Other			□N/A Resident Status	
C T	V1	. 10 11111				Crime #					1.400		Bea	To Offender	☐ Resident				
I	DATA OMITTED											1,						☐ Non-Resident ☐ Unknown	
М	Home Address DATA OMI														'	Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	M	Model							Vin									
O 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 $C = C$	Counterfe	eit / Forg	ged	F = Found	il				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- - P -																DATA OMITTED			
																	IN	FOR FORMATION	
																		SECURITY	
R O																		PURPOSES	
P :																			
R																		LY THE FIRST	
Т Ү.																		VE PROPERTY	
					_													ITEMS ARE	
																		SPLAYED ON 2C REPORTS	
-					\dashv												-		
•	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0										
ID	Office		Δ (159	ID	Officer Sig	ignature Superv							sor Signature						
ID	TESH, N. A. (15866) Complainant Signature Case State								Case Disposition:										
Status	- omp						☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	ıred		□Un □Cle □Cle	nfounded eared by eared by	d / Arre / Arre	Loca	Refuse ther Ag	ency	ooperate	Page 1	