I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2413398					
I C	ORI	NC	NC 03/	10200			1			REP	ORT					D-1 37-L	SMTWIFS Time		
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWIFS Month Day Yr Time							Day IF Time O4 18 2024 O1:50 Hrs.			
N T	#1			Aggravated A	ssai	ult		_	Com	Month 04			l:50 Hrs			Day Yr 🖰	Time $01:49$ Hrs.		
D	#2	Crime I	ncident					_	☐ Att Location of Incident Offense Tr										
A T	πэ (Crime I	ncident						Com Att	Premise 7		Winst	on-saiem 1	VC 27		Victim Reside	112 nce Type		
A	#3								Com							<u> </u>	ly □Multi Family		
МО			d or Com										Forcible Yes No	X N/A	We	apon / Tools			
	# of V	ictims	Type	□ Person	_	Business				Injury	24-1-1-1-1		_	Loss o			lcohol Use:		
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age													Race		Relationship	Resident Status		
C T	V1 DATA OMITTED										Crime #		30	_		To Offender			
I M ·		A 11					1,			В	M	1OK	Unknown						
	Home Address DATA ON								ITTED					Home Phone					
	Employer Name/Address DATA O								//ITTED					Business Phone					
•	VYR	M	ake	Model	St	yle	Color		Lic	/Lis			Vin						
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Found	i					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mal	ce/Mo	odel S	erial Number		
- - P - R													DA	ATA OMITTED					
					+											IN	FOR NFORMATION		
					\dashv												SECURITY		
0																	PURPOSES		
Р ⁻ Е -					_											01	H M THE PID OT		
R T					\dashv												VE PROPERTY		
Y ·					\dashv											1 WEI	ITEMS ARE		
-					_											D	ISPLAYED ON		
																I	2C REPORTS		
-	Nt 1	on -C 77	abi-1. C	tolon 0	NT-	nhor V 11	alaa D :	a	0										
	Office	r	ehicles S	ID		noer veni	cles Recovere Officer Sig		e O				Supervisor	Signat	ure				
ID	ALD		ĤILL							P. M. (15817)									
Status	Comp	iainant	Signatur	ė			Case Statu: Further Inact Closed	Inve ive /Clea	red			nded d by A d by A	Loca	Refuse ther Ag	gency	looperate	Page 1		