I N	Agenc	y Name		VSTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2481145							
C	ORI	NC	NC 03/	10200			REPORT								Date / Time Reported SMTWTFS					
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMIWIFS MONth Day Yr Time							04   03   2024   08:56 Hrs.   Last Known Secure   SM T W T F S   Month Day Yr   Time			
N T	#1			Trouble W/ Ne	_	Month Day Yr Time Month Day Yr														
D	#2	Crime I	ncident					_	Att Location of Incident Offens									Offense Tract 323		
A T	#3	Crime I	ncident			Att Premise Type						i-saiei	Victim Residence Type							
A		\	1 C					☐ Com Forcible						E1-1-	☐ Single Family ☐ Multi Family  Weapon / Tools					
MO			d or Com MITTEE												▼ N/A					
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	1			ciety Government Gious L.E. Off			inancial Institution		know	. –		n Bone al □		Severe	Lacerat Other	ions Majo		s □Unknown □N/A		
I C		Victim/		Name (Last, First,	Victim of DO									Relationship To Offender	Resident Status  Resident					
T I	V1 DATA OMITTED													W		$_{F}$	RU	☐ Non-Resident		
M	Home Address														"		ne Phone	Unknown		
	DATA OM														Business Phone					
	VYR		ake	Model	Color	TA OMITTED  Color   Lic/Lis   Vin						Vin								
	VIK	IVI	ake	Wodel	Sty	yle	Coloi		LIC	/LIS				VIII						
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 = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	rfeit / F	orged	F = Found	il 					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		rial Number		
- P - R _													DA	TA OMITTED FOR						
					_												IN	FORMATION		
																		SECURITY		
O P .					_													PURPOSES		
E - R					_												ON	ILY THE FIRST		
T.																		VE PROPERTY		
Υ .																		ITEMS ARE		
																		SPLAYED ON		
					_												P	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nur	nher Vehic	cles Recovere	d	0											
	Office	r		ID		7 01110	Officer Sig		_					Supervisor	Signatu	ıre	(15605)			
ID			K. D. Signature	(15687)	Case Status						KATLII	ŘATLIFF, K. D. (15687)								
Status	Comp		-ignatul(	-			☐ Further ☐ Closed ☐ Closed	r Inve tive /Clea	ared			Unfoun Cleared Cleared	ded by Ar by Ar	Locarest Drest by Ano	Refuse ther Ag	gency	ooperate	Page 1		