I N	Agenc	y Nam		NSTON-SALEN	, IN	CIE	CIDENT/INVESTIGATION						OCA 2423315						
C I	ORI	NG					1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
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T A	#3	Crime I	ncident						Att Com	Premise	Ty	pe				- 1	Victim Resid	• 1	
	How A	Attacke	d or Con	nmitted		Ш	Forcibl					Forcible							
МО	D.	ATA C	MITTEI)										☐ Yes ☐ No	X N/A	A			
	# of V	ictims	**	Person		Business				Injur	-	None ∑		Iinor [] Loss o	f Tee	. -	Alcohol Use:	
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown No															_			
I		Victim/		Name (Last, First,						<u> </u>	$\overline{}$	Victim of		3 / Age	Race	<u> </u>	Relationship	Resident Status	
C T	V1 DATA OMITTED																To Offender	Resident Non-Resident	
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ID	Officer ID# Office JACKSON, T. E. (16317)								Signature Supervisor Signature WILLIAMS, K. A. (15631)										
			Signatur		S	Case Disposition:								. 10.0 55 20 1					
Status					ive	estiga	tion		☐ Unfoun	by A	rrest] Refuse	e to C	ooperate	tradition Declined				
				/Clea		hausted				rrest by And	other Ag	gency	Г	Page 1					