I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2423789						
C																te / Time Reported SMTWTFS onth Day Yr Time				
D E			ncident(s		Att At Found SMTWIFS Month Day Yr Time									07 04 2024 22:09 Hrs.						
N T	#1			, Discharging F	`irea	ırm		_	Com	Month 07	D			Time $2:09$ Hrs		onth Day Yr Time				
D	#2	Crime I	ncident					_	Att	Location	_		<u> </u>		7 07		74 202		offense T	
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T A	#3	Erime I	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
МО			d or Con MITTEI					Forcible Yes						Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:				
* 7	1 Society Government Financial Institute Broken Bones Severe Lacerations Internal Unconscious Other Major Yes Unknown Internal Unconscious Other Major																			
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ UI	IKIIOW	11	_	Victim of		B / Age	-	e Sex Relationship Resident Status				
C T	V1											Crime #		. 8			To Offen	der	☐ Resid	lent
I	DATA OMITTED											1,							□ Non-i	
M	Home Address DATA ON								ITTED							Home Phone				
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,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				er
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ID	Office	r DFP	M D /	ID (15720)	Officer Signature Supervisor Signature MULGREW, M. J. (14746)															
ID			Signatur				Case Status							MULO	LUKEW, M. J. (14/40)					
Status			-				☐ Inact										dition Do			