I N	Agenc	y Name		ISTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2424070				
C I	ORI	NC	NC 02	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
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T	#2	Crime I	ncident	Discharging 1	irea	1111			-	07 Location	07 202	4 02	2:46 Hrs	s 07] (07 202 <u>4</u> 	Offense Tract	
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T A	#3	Crime I	ncident						Att Com	Premise T	ype				- 1	Victim Reside	ence Type ily ∏Multi Family	
МО			d or Com						Forcible Yes					Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Jeohol Use:		
	M Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown																	
V		7: -4: /		-			ity 🔲 Othe	er/Un	know	n 🗆	Internal			Other				
Ċ	V1												OOB / Age Race			Relationship To Offender	☐ Resident	
T I	V 1		DA	ΓA OMITTED				$\mid I$,									☐ Non-Resident	
M	Home Address DATA OMI														Home Phone			
	Employer Name/Address DATA O													Business Phone				
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O T H E R S I N V O L V E D	DATA OMITTED																	
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ID	Office		15020	ID		Officer Sig	natur	e				Supervisor	Signati	ire	17)			
ID	LY, P. A. (15929) Complainant Signature Case													L, P. M. (15817)				
Status	P		G				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	red		☐ Unfoun☐ Cleared☐ Cleared	ided l by Ai l by Ai	Loc rrest rrest by And] Refuse other Ag	gency	ooperate	Page 1	