I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2424340					
C ·	ORI	NG			-	REPORT							Date / Time Reported S M W T F S Month Day Yr Time						
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V	2			igious L.E. Off					know	. –		nal 🔲			Lacerat Other		. –	_	
I C		/ictim/	Business	Name (Last, First,	Victim of DOF Crime #					3 / Age	Race	Sex	Relationshi To Offende						
T I	V1		DA	ΓΑ OMITTED	1,								To Offende	☐ Non-Resident					
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ID	Office:	G, M.	B. (158	ID 863)	Officer Sig	Officer Signature Supervis (0)							or Signature						
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