I N	Agenc	y Name		ISTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2425077					
C	ORI	NC	NG 02	40200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
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N	#1	Jime I	icident(s) Discharging F	ı —	Att Com	Month	D			TFS			n Secure Day Yr	Time				
T	#2	Crime I	ncident	Discharging 1	irea	1111			\rightarrow	07 Location			4 13	5:10 Hrs	s 07		14 202	4 15:09 Hr Offense Tract	
D A	□ Com 4499 Whittier Rd/club Knoll Rd, Wi																	124	
T A	#3	Crime I	ncident						Att Com	Premise	Typ	pe				- 1		dence Type	
	How A	Attacke	d or Com	mitted				Ш	Com					Forcible	T	_	apon / Too	mily	шу
MO	D.	ATA O	MITTEI)										☐ Yes ☐ No	X N/A		1		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:			
	1			ciety Governm	ent	☐ Fi	inancial Instit			. –	•	oken Bone		Severe				Yes Unknow	/n
V I		Victim/		igious L.E. Off			ity 🔲 Othe	er/Un	iknow	'n	_	ternal Victim of			Other			No □N/A ip Resident Stat	1115
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	E1 N/A 44														Business Phone				
					ATA OMITTED								Business I none						
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T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
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TD.	Office	r		ID			Officer Signature Supervisor Signature BOGER, J. C. (14943)											\dashv	
ID	AMA Compl		Case Status								к, J. (. (14	4943)		\dashv				
Status	P		G				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rrest rrest by And] Refuse other Ag	gency	ooperate	xtradition Decline	ed —