I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2431181						
I C																re/Time Reported SMTWTFS onth Day Yr Time				
D E			ncident(s		 Att At Found								08 31 2024 19:08 Hrs. Last Known Secure S M T W T F S							
N T	#1			Discharging F	`irea	ırm	Att At Found SMTWTFS Month Day Yr Time Time Month Day Yr Time Month Day No. No.								Month Day Yr Time					
D.	#2 Crime Incident														•				Offense Ti	
A T		Trima I	ncident					_	Com				ation	Rd, Win	ston-se			sidon	124	
A	#3	Jillie i	neident			☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Com MITTED					Forcible Yes							Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															»:				
	X Society															nown				
V I		Victim/		-			ity Othe	er/Un	know	n 🗆	_	victim of			-	Major No N/A Sex Relationship Resident Status				
C T	V1														Race	ЗСХ	To Offer		☐ Resid	ent
I	, <u> </u>		DA	ΓA OMITTED								1,							□ Non-l	
М -	Home Address DATA OM									TTED						Home Phone				
	Employer Name/Address DATA							TA OMITTED							Business Phone					
	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	e/Mo	ıdel	Ser	ial Numb	er
	π	" Tropoly Bestripuon											11141	.0, 1,10			ГА ОМІТ			
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ID	Office:		K. M	ID (15921)	Officer Sig	Officer Signature Supervisor Signature KORN, A. R. (15714)														
11/		lainant		Case Status	s Case Disposition:															
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ai	Test by Ander] Refuse other Ag	gency	ooperate		dition De	