I N	Agenc		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2436272									
C	ORI	NG			-		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
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T A	#3	Crime I	ncident						Att Com	Premise	Ty	pe				- 1		dence Type mily	
	How A	Attacke	d or Com	nmitted				Com					Forcible			apon / Tool			
МО	DATA OMITTED \square														[X N/A				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:			
37	Society															_			
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()1	IKIIOW	''' L	<u> In</u>	Victim of		B / Age	Race	.			
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ID	Officer ID# Officer Si HARRISON, B. M. (15721)								re					Supervisor DAY, 7	Signat [. A. (.	ure 1 <i>547</i>	<i>'</i> 8)_		
	Complainant Signature Case Statt									4:	(Case Dispos							
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	Loc rrest rrest by Ander	Refuse other Ag	gency	Cooperate	xtradition Declined Page 1	