I N C	Agenc	y Name		ISTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION REPORT							OCA 2438530				
I	ORI	NC NC 0340200								IXLI (Reported Day Y:	SM	T W T F ≤ Time 1:51 Hrs.	
D E	10		ncident(s						# I	At Found	ISIN	d Tl W	T F ≤	10			24 <i>1</i> S M		
N	#1								om	Month	Day Yr	T	'ime			n Secure Pay Yr	Tir	me	
T	110	Crime I	ncident	Drug violai	ion	•		□ A	-		26 202	:51 Hrs	s 10		6 2024	! 11. Offer	<u>:50 Hrs.</u> nse Tract		
D A	#2 Crime incident													ı NC 2	27104	4		21	
T	#3	Crime Incident												Victim Residence Type					
A	□ Com														☐ Single Family ☐ Multi Family				
MO	How Attacked or Committed DATA OMITTED														Weapon / Tools				
V																			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			aty 🔲 Out	217 C 11K	nowi	· L	Victim of		3 / Age	-	Sex Relationship Resident Status				
C T	V1					,					Crime #		- 7 8 -			To Offende	r 🗀 i	Resident	
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T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B = 1	Burne	ed C = C	ounterfeit / F	orged	F = Four	ıd					
P . R .	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del	Serial N	Number	
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ID	Office ROI		SON. B	W. (16352) ID	Ħ		Officer Sig	nature Supervisor $GORD$						Signature (0N, J. G. (15435)					
111			Signatur				Case Status							2, 0. 0. (22 100)					
Status	r		-				☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clear	ed	ion	☐ Unfoun☐ Cleared☐ Cleared	ided l by Ar l by Ar	Loc rest [rest by And nder [] Refuse other Ag	gency	ooperate		on Declined Page 1	

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