I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2440234							
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T A													ise Type				Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI			Forcible Yes															
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:					
* 7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																				
V I		Victim/		Name (Last, First,			пу 🔲 Опп	21/ ()11	KIIOW	11		ernal [B / Age		e Sex Relationship Resident Status					
C T	V1					Í						Crime #		. 8			To Offen	der	☐ Resi	dent	
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ID	Office		M (14	ID	#		Officer Sig	Officer Signature Supervisor Signature MITCHELL I. P. (15672)													
ID	REYES, J. M. (16183) Complainant Signature Case St															HELL, J. R. (15672)					
Status	r		<u> </u>				☐ Further 【X Inact ☐ Closed									ooperate		dition D Page			