I N	Agenc	y Namo		NSTON-SALE	OLICE	. IN	INCIDENT/INVESTIGATION								OCA 2445733					
C	C OPI REPOR														Date / Mon	Time	e Reported	i S Yr	<u> </u>	ΓFS
D E	10		ncident(s		│ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								12 21 2024 02:33 Hz Last Known Secure S M T W T F					Hrs.		
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A T	Coince Institute																<i>C 27107</i> Victim Re		213	
A	#3	Jillie I	ncident					Com	Tremise	1 y	pe							y ∏Multi I	Family	
МО			d or Con MITTEI											Forcible Yes No	X N/A	We	apon / To	ols		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1			ciety Governm			Financial Institution		know		_	roken Bone		Severe	Lacera Other		–	Yes No	Unkr	ıown
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra														Race	<u> </u>	Relation	ship	Resident S	
C T	VI DATA OMITTED																To Offer	der	☐ Reside	
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T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim	Property Description								Mak	Make/Model Serial Number									
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ID	Office MIL	r <i>LER</i> ,	A. B. (1	ID (16122)	Officer Sig	Officer Signature Supervis							or Signature MP, J. K. (14922)							
	Complainant Signature Case Stat									Case Disposition:								E. ·	. 4141 . D	.1:. 1
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate	_	Page 1	