I N	Agenc	y Name		NSTON-SALEN	M P	OLICE	. IN	INCIDENT/INVESTIGATION REPORT							OCA 2483741					
C .	ORI	NC					1								Date / Time Reported SMTWTFS Month Day Yr Time					
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T A	#3	orinie i	ncident						Com	Premise	тур	Эе				- 1	Victim Ro		ce Type y □Multi Famil	
МО			d or Con											Forcible Yes	N/A	We	apon / To	ools		
																achal Haar				
	# of Victims Type																			
V				igious 🔲 L.E. Of			uty Othe	er/Un	know	'n		ternal 🔲		scious [Other	r Major				
I C	Crime #														Race	Sex	Relation To Offe		Resident Status Resident	
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М -	Home	e Addre	ess									1	Home Phone Unknown							
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ID	Office WAI	r D <i>DEL</i>	Officer Sig	Officer Signature Supervisor Signature WADDELL, J. A. (15882)																
			Signatur				Case Statu					Case Dispos								
Status							☐ Further	tive l/Clea	ıred				by A	Loc rest rest by Ander] Refuse other Ag	gency	ooperate	_	Page 1	