I	Agenc	y Nam						INCIDENT/INVESTIGATION							OCA 2258307				
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I D	ORI	NC	NC 034	40200									Month Day Yr Time						
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v																			
	# of Victims Type Type Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Image: Society Government Financial Institute Broken Bones Severe Lacerations Type Yes Unknow																		
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Ι		Victim/		Name (Last, First,			<u>, </u>				Victim of		3 / Age	Race S	<u> </u>	lationship		nt Status	
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	Office		enteres d		D#		Officer Sig						Supervisor	Signature					
ID	GARCIA, F. I. (16280)												CARLE	LETON, K. M. (15637)					
Status	Complainant Signature Case Status Case Disposition: Image: Status Further Investigation Unfounded Located Extradition Image: Status Image: Status Cleared by Arrest Refuse to Cooperate Image: Status Closed/Cleared Cleared by Arrest by Another Agency												radition I	Declined					
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