I N	Agenc	WIN] IN	INCIDENT/INVESTIGATION							OCA 2410656								
C ·	ORI	NC	NC 034		1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10	NC .		Att At Found SMTHTFS Month Day Yr Time							TFS	Day YF Time O3 27 2024 10:54 Hrs. Last Known Secure S M T W T F S Month Day Yr Time							
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, raffic Accident- _i	oo C	r Pva		ı —	Com	Month 03	D			ime :54 Hrs				Time 4 10:54 Hrs	
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МО		Attacke ATA O									Forcible Yes	X N/A	We	apon / Tool	S				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	nknow	'n [ternal Victim of		scious [Other Race	.			
C T	V1	v ictiii/							Crime #	DOI	o / Age	Race	эсх	To Offend	er Resident				
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T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
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	LYNCH, T. M. (16201) Complainant Signature Case Sta																		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ai	Loc rest rest by Ander	Refuse other Ag	gency	ooperate	xtradition Declined Page 1	