I N	Agenc	y Name		ISTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2412241								
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A	#3				☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family								
МО			d or Com MITTEI					Forcible Yes							Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:					
V I		Victim/		igious ☐ L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	iknow	n 🗆		nal [scious B / Age		r Major No N/A Sex Relationship Resident Status					
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ID	Office:		I. W. (1	ID 6197)	Officer Sig	Officer Signature Supervisor									Signature ON, S. M. (15176)						
ii)	HICKS, M. W. (16197) Complainant Signature Case Sta															5011, S. M. (13170)					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	rest by And	Refuse other Ag	gency	ooperate		dition D Page		