I N	Agenc	y Name		ISTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2412475								
I C	C OPI REPORT														Date / Mon	Time th	Reported Day	S Yr		T F S	
D E			ncident(s		│ │ Att │ At Found │ S MTΨTFS								04 10 2024 21:16 Hrs. Last Known Secure S M T W T F S								
N T	#1		`	Discharging F	Month Day Yr Time Month Day Yr								Time 21:15								
D .	2 Crime Incident																		ffense T		
A T		'rime I	ncident					_	Com				- BL	K, Winsto	on-sale		<i>IC</i> Victim Re	siden	323		
A	#3	Jime i	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI				•					Forcible Yes	X N/A	We	apon / To	ols					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															: :					
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															- 1					
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	Know	n	_	ernal Victim of		S / Age	-	e Sex Relationship Resident Status					
C T	V1			ΓA OMITTED		,						Crime #		- 7 8 -			To Offen	der	☐ Resid	lent	
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	Employer Name/Address DATA ON								ITTED						Business Phone						
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O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Make/Model Serial Number				er	
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ID	Officer FLY		. L. (15	id (605)	Officer Sig	Officer Signature Supervis WEL							or Signature LS, S. S. (15941)								
	Complainant Signature Case Sta									Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by Ai	Test by Ander] Refuse other Ag	gency	ooperate		Page		