Department of Human Services			Page 1 of		
Division of Administrati	ve Operations		_	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
OFFICE OF SECURITY & PUBLIC SAFETY			Repor	rt#	
	Inc	ident Repor	t .		
Reporting Agency:		Tự:	me/Date Occurred		
-		Time/Date Reported			
INCIDENT TYPE:					
(Medical; Theft; Van	dalism: Assault: Ma	intenance etc			
Address of Incident	gerstii, 135test Me.		*:		
Location: (Room, parking lot,	etc.)		46"		
	COMPL	AINT/VICTIM			
Last Name:		War - In - A War gar Was			
First Name:	MI	DO	DB:		
Address:		Ra	Race:		
City, State, Zip code:		Se	Sex:		
Phone #		He	ight:		
SECOND COMPLAINT/VIC	MILL	SUSPECT	VICTIM	WITNESS	
Last Name:					
First Name:	MI	D.C	DB:		
Address:		Ra	ce:		
City, State, Zip code:		Se	Sex:		
Phone #		He	Height:		
	VEHICLE RELATE	DINCIDENT			
	NFORMATION		ike/Model		
Last Name:	MICHMAINING	. Vi			
First Name:	MI		urance		
Address:	AVAA		DB:		
City, State, Zip code:			ce:		
Phone #		Se		**	
Soundex #			ight:		
OWNER	NE ORIVIATION				
Last Name:		Ad	dress:		
First Name:	MI		y, State, Zip code:		
Soundex #		100000	one#		
	BRIEF SUMMARY	OF INCIDEN			
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	4				
REPORTING OFFICER (TYPE	ED or PRINTED)				
REPORTING OFFICERS SIG				DATE:	
	A STATE OF THE STA	O Incident Re	port		
DHR/240 Security Incident F				t I to Attachment C	

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ROVING AUTHORITY ROVING AUTHORITY		DATE:
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2/240 Security Incident Report (3/10) Rev		Evhibit 3to Attachment C