Department of Huma	ın Services	P	age l of
Division of Administrative	re Operations		
OFFICE OF SECURITY & PU	BLIC SAFETY	R	eport #
	Incide	ent Report	
Reporting Agency:		Time/Date Occurre	d
,		Time/Date Reported	
INCIDENT TYPE:	1 11 W 14 B.W. 1 4		
Address of Incident	dalism; Assault: Mainte	enance, etc.)	
Location: (Room, parking lot,	etc.)	,	
Applicant Service to 15 Ed. 16	COMPLAIN	IT/VICTIM	
Last Name:			
First Name:	MI	DOB:	
Address:		Race:	
City, State, Zip code:		Sex:	
Phone #		Height:	
SECOND COMPLAINT/VIC	TIM SU	SPECT VICTIM	WITNESS
Last Name:			- Annual Control of the Control of t
First Name:	MI	DOB:	
Address:		Race:	
City, State, Zip code:		Sex:	
Phone #		Height:	
	EHICLE RELATED	INCIDENT	
Last Name:	NFORMATION	Make/Model Vin#	
First Name:	MI	Insurance	
Address:	1411	DOB:	
City, State, Zip code:		Race:	
Phone #		Sex:	
Soundex #		Height:	11 - 12 - 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14
	NEORIVIATION		HARRIST BOOK SERVICE STATE
Last Name:		Address:	
First Name:	MI	City, State, Zip code	:
Soundex #		Phone #	
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REPORTING OFFICER (TYPE	PED or PRINTED)		
REPORTING OFFICERS SIG		100000000000000000000000000000000000000	Dame.
The Carlotte of the Carlotte o		Incident Peneut	DATE:
DHR/240 Security Incident I		Incident Report	
Dillo 240 Security Incident I	rehour (2) In) K6A.	E	chibit I to Attachment C

	PAGE 2 OF
BRIEF SUMMARY OF INCIDENT	
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	N 1941
PORTING OFFICER (TYPED or PRINTED)	
PORTING OFFICERS SIGNATURE	DATE:
PROVING AUTHORITY (NAME & TITLE)	
PROVING AUTHORITY SIGNATURE	DATE:
IR/240 Security Incident Report (3/10) Rev.	Exhibit 1 to Attachment C