

Basic Information

Agency	Incid	Incident #		#	Date		Report Status	
SAY-PD	502178		0	1	10/29/2005 18:22:00		APPROVED	
Case Title/Victim			Incident Type/Offense					
HPSICE DEATH			DOA (4510)					
Incident Date			arred between					
Date/Time Incident Reported 10/29/2005 18:22:00		and						
		ano				_		
Location Inform			Unit#	Ic	ross Street			
Address	Street Name	reet Name			Cart #		1000 000 000	
	PREMA	BEMAIN THE			Zip		teporting Area	
City	ate				Zip			
NJ					Business Phone			
Business Name		_			Daziness rues			
Authorization		les.	ignature		Da	Date/Time Entered		
Reporting Officer		(94)	oignature		10	10/29/2005 19:11:10		
SZTUKOWSKI, J(118)		Si	Signature			Date/Time Reviewed		
Reviewed By	- 1	100	7					
()		Sh	Signature		Da	Date/Time Approved		
Approved By SKARZYNSKI, G(83)		36	O-Lineau -		10	10/30/2005 01:00:44		
SKARZYNSKI,	(03)							
Other Signature	8			722			-	
Patrol Supervisor				Shift Commander				
Last Modified By	v						10	
SPRAGUE, J (6)		006 17	-23-54					

Narrative

Dispatched on above date and time to be a second of the state of the s

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