

Complaint\_ID: AUFQJ\_820

Reporting\_Date: 1/22/2017

Reporting\_Time: 2:00 AM

Incident\_Date: 1/6/2017

Incident\_Time: 2:00 AM

Name: reg

Topic: Gambling Act

Location:

Nature\_of\_Incident:

Details\_of\_Incident:

Motive\_of\_Incident:

Previous\_Issue:

Full\_Name:

Phone\_no\_:

Mobile: 554

Email: fsd@th.cjn

Street\_Address\_1: efw

Street\_Address\_2: gd

City: fd

State:

Zip\_Code: 565

Comments: