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<tr>
<th>Offense Description</th>
<th>IR Number</th>
<th>Case #</th>
<th>Reported Date</th>
<th>Incident Date From</th>
<th>Incident Date To</th>
<th>Incident Time</th>
<th>Location</th>
<th>Disposition</th>
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<tbody>
<tr>
<td>Drug Violation</td>
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<td>Case #</td>
<td>Reported Date</td>
<td>Incident Date From</td>
<td>Incident Date To</td>
<td>Incident Time</td>
<td>Location</td>
<td>Disposition</td>
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<td>Case #</td>
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