I N	Agenc	y Name		ERNERSVIL	LE P	POLICI		INCIDENT/INVESTIGATION					OCA 2024-002542						
C I	ORI					02101	REPORT					Date / Time Reported S M T H T F S Month Day Yr Time							
D			034010										06 26 2024 16:17 F						
E N	#1	rime li	ncident(s	,	0 т			⊠ Att □ Com	At Found Month	Day Yr	Г	T F S ime			y yr -	Time	₩ T F S		
Т		'rime Iı	Ancident	Auto Breaking	& Li	irceny		□ Com 06 26 2024 07:00 H □ Att Location of Incident					Irs 06 26 2024 00:45 Hrs. Offense Tract						
D A	#2	inne n	licident					\Box Com 464 Lindsay St - A, Kernersvi											
Т	#3 0	Crime In	ncident					Att Premise Type					Victim Residence Type						
A								Com					Single Family Multi Fam				lti Family		
МО			d or Com		ar n	L O GWE	D					Forcible	X N/A		on / Tools				
				& ENTE/VEHI	□ No														
	# of V	ictims		X Person ciety ☐ Govern		Business		nancial Institute Injury □ None □						of Teeth	Drug/Alcohol Use:				
v	1			ligious 🔲 L.E. C								Severe		tions Major	\square No \square N/A				
I C	1	/ictim/	Business	Name (Last, Firs	t, Mid	dle)					DOF	OB / Age Race Sex Relationship							
Т	V1	GUE	RRER	O, SONYA ELI	ZAB	ETH		Crime #				31			o Onender		n-Resident		
I M										1			W	F			known		
	Home	Addre	SS			Home Phone													
	Emplo	yer Na	me/Addi	ress								Business Phone Mobile Phone				Phone			
	VYR	I M	ake	Model	1.5	tyle	Color	olor Lic/Lis				Vin							
						-						,							
	CODES: V- Victim (Denote V2, V3) $O = Owner$ (if other than victim) $R = Reporting Person$ (if other than victim) Type: $Person$ $Business$ $Society$ $Government$ $Financial Institute$ $Religious$ $L.E.$ Officer Line of Duty $Other/Unknown$																		
0	Code			First, Middle)		Govern		licial Institu			E. UI		Vi	ctim of	DOB / Ag		Race Sex		
T H														ime #	_				
E R	Home	Addre	ss												Home Pho	one			
S																			
T	Emplo	Employer Name/Address Business Phone Mobile Phone																	
I N	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																		
V O	Code	Nan	ne (Last,	First, Middle)										ctim of ime #	DOB / Ag	e 1	Race Sex		
L	Crime #																		
V E	Home	Addre	SS												Home Phone				
D	Emplo	ver Na	me/Addi	ress								Business Phone			Mobile Phone				
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Fou (Check "OJ" column if recovered for other jurisdiction)																		
Coues	Victim)						Make/Mod			1 Coniel Neuroben			
	# DCI Status Value OJ QTY PCA TARG \$0.00 1 20					2014 GRY,	Property Description D14 GRY, HFS3596 NC					Make/Mode TOYT Avalon Bas							
							, ,												
Р																			
R O																			
P E																			
R																			
T Y																			
			ehicles S	-		mber Ve	hicles Recovere	-				Suma	Ciarre	11#2					
ID		EZ, B	. (L52	22)	D#		Unicer Sig	Officer Signature					Supervisor Signature BOWDEN, K. R. (B5113)						
Status	Compl	ainant	Signatur	e				Case Status Case Disposition: X Further Investigation □ Unfounded					□ Located □ Extradition Declined						
								☐ Inactive ☐ Cleared by Arrest						□ Refuse to Cooperate					
													Arrest by Another Agency						