I N	Agenc	y Name		ERNERSVILI	LEP	OLICE	INCIDENT/INVESTIGATION							OCA 2024-002915						
C I	ORI						REPORT						Date / Time Reported SM TW TFS							
D			034010											07 22 2024 20:34 Hrs						
E N	#1	Crime II				At Found Month	Day Yr	· 1	TFS ime			Secure ay Yr	S ∰ T Tim	e	FS					
Т		Crime I	ncident	Shoplift	ıng				_	07 Location	22 2024 of Incident	4 20):34 Hrs	0	7 22	2024	20:. Offens		Hrs.	
D A	#2		lieident								Main St, I	Kerne	ersville N	C 272	284		Z		cı	
Т	#3	Crime I	ncident							Premise 7						ctim Resid	lence Ty	pe		
A								Com						Single Family Multi Far					Family	
МО			d or Con		1.0			At Tana at				Forcible								
	On This Date, I Responded To A Shoplifting Call At Target. # of Victims Type Person Type Type </td <td colspan="4">- I Drug/Alashal II</td>															- I Drug/Alashal II				
	# 01 V	1ctims		☐ Person ciety ☐ Govern		Business	inancial Institute Institute Institute Institute Institute □ Broken Bones □ Se							□ Loss of Teeth ere Lacerations □ Yes □ Unkno						
v	1			ligious 🔲 L.E. C									iscious	$\Box \text{ Other Major} \qquad \Box \text{ No} \Box \text{N/A}$						
I C		Victim/	Business	Name (Last, First	, Mid	dle)							OB / Age Race Sex Relationship To Offender							
Т	V1	TAR	GET					Crime #								0 Offende			esiden	
I M	11	e Addre									1,				II	Dhama		nkno	wn	
	Home	e Addre	SS											Home Phone						
	Empl	oyer Na	me/Add	ress									Business	Business Phone Mobile Phone						
	VYR	M	ake	Model	S	tyle	Color Lic/Lis						Vin							
	GOD									D			• • • •							
0	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: \square Person \square Business \square Society \square Government \square Financial Institute \square Religious \square L.E. Officer Line of Duty \square Other/Unknown																			
	Code			First, Middle)		_ Governi			Stitu					Vi	ctim of rime #	DOB / A		Rac	e Sex	
T H	RP	0	CONN	OR, EVAN MI	CHA	EL									inne #			W	M	
E R	Home Address Home Phone																			
S	Empl	over Ne	ma/Add	*000								1	Rusiness Ph	one		Mohile	Phone			
Ι	Employer Name/Address Business Phone Mobile Pho												none							
N				Business 🗖 Socie	ty 🗖	Governm	nent 🗖 Finano	cial Ins	titute	e □Re	ligious 🗖 L.	.E. Off	icer Line of							
V O	Code	Nan	ne (Last,	First, Middle)											ctim of rime #	DOB / A	ge	Race	e Sex	
L V																				
Е	Home	e Addre	SS													Home P	none			
D	Empl	oyer Na	me/Add	ress								1	Business Ph	Phone Mobile Phone						
		L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes				R = Recovered if recovered for ot				$\mathbf{B} = \mathbf{E}$	Burne	ed $C = C$	Counterfeit / F	Forged	F = Foun	d						
	Victim #	DCI	Status	Value	OJ	QTY	Property Description							Make/Model Serial Numbe				r		
	1	19	TRADING CAR	TRADING CARDS																
	1	1 19 5 \$55.92 1 TRADING CARDS																		
P R																_				
O P																				
Е																				
R T																				
Y																				
	Numł	l ber of V	ehicles S	Stolen 0	Nıı	mber Veh	nicles Recovere	ed ()				1							
	Office	Officer ID# Officer Signature Supervisor S													ture	15175				
ID	CASE, T. N. (C5251) Complainant Signature Case Status Case Disp											sition:	ĴOHNS	ON,	з. <i>Р</i> . (.	J31/3)				
a	. p		8ui				☐ Furthe	□ Further Investigation □ Unfounded □ Lo							cated Extradition Declined Refuse to Cooperate					
Status								l/Cleare			Cleared	l by Aı	rest by And	ther A	gency	-	F			
							□ Closed	i/Leads	Exh	austed	\square Death c	of Offe	nder \square	Prose	cution I	Declined	Pa Pa	age 1	Ĺ.	