I N	Agency	Name	K	ERNERSVIL	LE P		INCIDENT/INVESTIGATION						OCA 2024-002925						
C I	ORI						REPORT					Date / Time Reported S M T F S Month Day Yr Time							
D	~)34010										07 23 2024 15:17 1						
E N	#1	rime In	cident(s)					Att At Found SMI WTF: Month Day Yr Time					Last Mon		y Yr -	S M <u>-</u> Time	e	FS	
Т		rime Ir	cident	Shoplifi	ing			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					s 07	23		<u>15:1</u> Offens		Hrs.	
D A	#2 ^C	inne n	erdent					\Box Com 145 Harmon Creek Rd, Kerne											
Т	#3 C	rime Ir	cident					Att Premise Type					Victim Residence Type						
A								Com					Single Family Multi Far				amily		
МО			or Com			4.145		January Crock Dd				Forcible	X N/A		on / Tools				
		n This Date, I Responded To A Larceny At 145 Harmon Creek Rd.																	
	# of Vi	ctims		□ Person ciety □ Govern:		Business	Financial Instit	nancial Institute Injury □ None □ □ Broken Bones				linor □ □ Severe	of Teeth	Drug/Alcohol Use:					
v	1			igious 🔲 L.E. C									Major	\square No \square N/A					
I C	V	ictim/I	Business	Name (Last, Firs	t, Mide	dle)				Victim of	DOI	B / Age	Race		elationship		lent S		
Т	V1	LOW	ES HO	ME IMPROV	EME	NT				Crime #					o Offender		esiden on-Re		
I M										1,							nknov		
	Home	Addres	S											Home Phone					
	Emplo	yer Na	ne/Addr	ress								Business	Mobile	Mobile Phone					
	VYR	Ma	ke	Model	L St	tyle	Color	Lic/Lis				Vin							
						-			C/ 115			v m							
	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																		
0	Code			First, Middle)		Govern	ment 🗋 Finar	iciai Instit				ficer Line (Vi	ctim of	DOB / Ag		Race	Sex	
T H	RP	ΗC	OTS, J	IAMES ISAAC	7								C	rime #	U	50	W	M	
E R	Home Address Home Phone																		
S																			
	Employ	yer Na	ne/Addr	ess			Busin					Business Ph	ss Phone Mobile Phone						
I N	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																		
V	Code			First, Middle)	• <u> </u>								Vi	Victim of DOB / Age R			Race	Sex	
O L		Crime #																	
V E	Home	Addres	s												Home Pho	ne		·	
D	Emplo	ver Na	ne/Addr	2655							11	Business Phone			Mobile Phone				
	Linplo	yer ru	ne// ruu	635											Woone Thone				
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Fo (Check "OJ" column if recovered for other jurisdiction)																		
Codes	Victim)												
	# DCI Status Value OJ QTY							Property Description LEANING SUPPLIES					Ma	ke/Mode	l Se	Serial Number			
	1								ANING SUPPLIES										
Р								17 RED, HLV2066 NC						NISS Pathfinder S 5N1DR2MN7HC683555					
R O																			
Р																			
E R																			
T Y																			
	\vdash																		
		er of V	ehicles S	-		mber Ve	hicles Recovere	-					<u>a</u> :						
ID	Officer CASI	<u>E, T.</u> 1	N. (C52		D#		Officer Sig	Officer Signature					Supervisor Signature JOHNSON, S. P. (J5175)						
	Compla	ainant S	Signature	e				Case Status Case Disposition:							— Ev.	adition	Deal	lined	
Status								□ Further Investigation □ Unfounded □ Located □ Extradition □ Inactive □ Cleared by Arrest □ Refuse to Cooperate								Deci	meu		
								l/Cleared	hausted			rest by And			aclined	– Ps	ge 1		