I N	Agency	y Name		ERNERSVIL	LE P	OLIC									OCA 2024-002942					
C I	ORI	NC	034010	0		REPORT						Date/Time Reported S M T H T F S Month Day Yr Time 07 24 2024 21:09 Hrs.								
D E			ncident(s)					│ Att At Found SM TH TFS						Last Known Secure SM TH TF S						
N T	#1			Shoplift	ing			X Com Month Day Yr Time 07 24 2024 21:09 1									тіm 21:(Hrs.	
D	#2 C	rime I	ncident					□ Att Location of Incident □ Com 240 Market View Dr, Kern						ille N	C 2728	34	Offens Z3		ct	
A T	#3 C	rime I	ncident					Att Premise Type						1110 11	Vie	ctim Reside	nce Ty	pe		
A		ttacke	l or Com	mitted				Com					Forcible			Single Family □Multi Family on / Tools				
МО	Larce			linitied									$\square Yes \square N/A$			017 10013				
v	# of V	ictims		Person		Business		nancial Institute Injury □ None □ □ Broken Bones					∕linor □	Drug/Alcohol Use:						
	1			ciety 🔲 Governi igious 🔲 L.E. C									Severe	\square No \square N/A						
I C				Name (Last, Firs	t, Mid	dle)		Victim of DOF Crime #					B / Age	Race		elationship o Offender		dent S esider		
T I	V1	LOW	'ES FO	ODS							<i>1</i> ,							on-Re	siden	
М	Home	Addre	ss												Home	Phone		nknov	vn	
	Emplo	ver Na	me/Addr	ess						Busin				ss Phone Mobile Phone				;		
	1					. 1			/ T ·				X7.							
	VYR Make Model Style Color Lic/Lis Vin																			
O T H E	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: Derson Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																			
	Code			First, Middle)		<u>l doven</u>		ioiui insut	ute	Iten		<u>_ L.L. 0</u>		Vi	ctim of rime #	DOB / Ag		Race	Sex	
R S	Home	Addre	ss													Home Ph	one			
5	Emplo	yer Na	me/Addr	ess									Business Ph	none		Mobile Phone				
I N	Type:	🗆 Pei	son 🗖 I	Business 🗖 Socie	ty 🗖	Governi	ment 🗖 Finan	cial Institu	te [Relig	gious 🗆] L.E. Of	ficer Line o	e of Duty						
V O	Code	Nan	ne (Last, I	First, Middle)	•										ctim of rime #	DOB / Ag	ge	Race	Sex	
L V																II DI				
E D	Home	Addre	55													Home Ph	one			
D	Emplo	yer Na	me/Addr	ess									Business Phone Mo				none			
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																			
Codes	Victim						1)	Dependents Description					Make/Mod			al Corial Number				
P R	# 1						CONSUMABLE	Property Description ONSUMABLE FOODS								l Serial Number				
O P																				
E R																				
T Y																				
_																				
	Numh	or of V	ehicles S	tolon 0	Nu	mbor Vo	hicles Recovered	ad 0												
	Officer			I	Nu D#	mber ve	Officer Sig	-					Supervisor	r Signa	ture	15070				
ID			<u>N. C. (</u> Signature	(<u>M5235)</u>			Case Statu	Case Status Case Dispositio												
Status			-				☐ Furthe ☐ Inac							Located Extradition Declined Refuse to Cooperate						
							Closed		ed	Clea	red by A	y Arrest by Another Agency								