I N	Agenc	ey Name		ERNERSVILI	INCIDENT/INVESTIGATION								OCA 2024-004569										
С	ORI		- A		<u></u>	REPORT							Date / Time Reported S M T W T F =										
I D		NC	034010	00									Month Day Yr Time $11 \mid 09 \mid 2024 \mid 12:59$ Hrs.										
E N	Crime Incident(s)								t	At Foun Month		S M av Yr	ΤW	T F_S Time	Last	Known	n Secur	e Yr	M T Time		F₋S		
T	#1			Lost Prop	perty				m	11	09			2:00 Hrs					12:0		Hrs.		
D	$\Box \Pi \Pi$											Location of Incident					in St. Komannyilla						
A T	Coince Insident														St, K			Residen	ce Tvi	ne			
Â	#3										☐ Single Family ☐ Multi Family						amily						
МО			d or Com				T Yes						Forcible										
	Firearms Fell Out Of Pickup Truck.															Loss of Teeth Drug/Alcohol Use:							
	# of V	/ictims		□ Person ciety □ Governi		Business	Financial Instit							_	Loss of Teeth re Lacerations						own		
v	0		_										$\Box \text{ Other Major} \qquad \Box \text{ No} \Box \text{N/A}$,				
I C	Victim/Business Name (Last, First, Middle) Victim												DOF						ionship Resident Status ffender 🗖 Resident				
Т	V1											Crime #					10 010						
I M															DI								
	Home	e Addre	SS													Hom	e Phon	e					
	Employer Name/Address													Business	Phone		N	Mobile Phone					
	VYR	M	ake	Model	S	yle	Color		Lic	/Lis				Vin									
	COD	FS· V.	Victim	(Denote V2 V3)	0 - 0)wner (if	other than vict	tim)	R –	Reportin	σ Pei	rson (if of	her th	an victim)									
O T	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	e Nan	ne (Last,	First, Middle)		-										ctim of time #	DO	B / Age	42	Race	e Sex		
Н	RP	W	ESTPH	AL, BRADLEY	STE	EVEN										inne "				W	M		
E R	Home Address Home Phone															L							
S	Employer Name/Address Business Phone Mobile Phone																						
Ι	Empr																						
Ν	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																						
V O	Code Name (Last, First, Middle) Victim of Crime # DOB / Age Race															Sex							
L V																							
Е	Home	e Addre	88														Hon	ne Phor	ne				
D	Empl	oyer Na	me/Addi	ress									I	Business Ph	Phone Mobile Phone								
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																						
Codes	(Chec	k "OJ"		if recovered for ot				D – D			coun	nerrent / 14	orgeu	I' = I'oun	u								
	Victim #	DCI	Status	Value	OJ	QTY		Property Description							Make/Model Serial Number								
		59 LOST \$300.00 1 (22) RIFLES														LEUPOLD/Vx-freedo 461496AJ							
		13 LOST \$750.00 1 (12G) SHO 13 LOST \$900.00 1 (22) RIFL														SPORTING/Hps79-H22UU-027978CHRISTENSEN ARMA4CF06907							
P R		15	2051	\$700.00		1	(22) KIFLE								_111(151	ENSEN		A4CF00	907				
O P																							
Е																							
R T																							
Ŷ																							
	N7 -		1 . 1 .	V 1 -		1	· 1 . D	1															
	Numb		ehicles S	-	Nu D#	mber Veh	officer Sig	-						Supervisor	Signa	ure							
ID	МС	RAE, (<i>15192)</i>				<i>MCRAE, C. A. (M5192)</i>															
	Comp	nant	Signature	e			Case Statu	er Investigation Unfounded D						□ Loc	ocated								
Status					X Inac	active Cleared by Ar					rest 🗌												
										austed		Death of				cution	Declin	ed	Pa	ge 1			