I N	Agenc	y Name	E IN	INCIDENT/INVESTIGATION								OCA 2024-004719										
C I	ORI	NC	REPORT								Date/Time Reported SMTWTFS Month Day Yr Time 11 20 2024 06:39 Hrs.											
D E	10		034010 ncident(s		 ☐ Att At Found							11		20 n Sec		<i>06.</i> Мт		rs. FS				
N	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	`	, Store Breakins	e Foi	rcihle		TX (Mont	.h I		1	ime		Know th I		س _{Yr} ك 2024 ا	Time	•	irs.	
T D	#2	Crime I			Att		ion of	f Incident	·	5:39 Hrs	•		•		Offens	e Tract						
A T	('rime I	Van	dalism/damag	e 10	Proper	ty			Premi:		nion Cros	s Ra	Kerners	ville I			Residen	Z4	ne	_	
Ā	#3							Com					☐ Single Family ☐ Multi Family						mily			
МО			d or Com With Bli	nmitted <i>unt Object Thro</i> v	vn Th	rough F	Front Door	Door					Forcible Weapo				Tools					
	# of V	ictims	Type	Person	LAI	Business		Injury ☐ None ☐				ПΝ	Minor ☐ Loss of Teeth				Drug/Alcohol Use:					
	1		☐ So	ciety 🔲 Govern	ment		Financial Instit	nancial Institute Broken Bones					es —	Severe Lacerations onscious Other Major				☐ Yes ☐ Unknown				
V I	Religious L.E. Officer Line of Duty Uniter/Unknown												<u>, </u>					No No				
С					t, Mia	die)						Victim of Crime #	DOI	3 / Age	Race					ent Sta esident		
T I	V1	ACE	HARD	<i>WARE</i>								1,2							□No	on-Resi	ideni	
M	Home	Addre	SS									1,2				Hon	ne Pho	one	□ U:	nknowi	1	
	E1-	NT-	/A 11											D:					M I'I DI			
	Empio	oyer Na	me/Add	ress										Business Phone				Mobile Phone				
	VYR	M	ake	Model	S	tyle	Color		Lic	:/Lis				Vin								
	CODE	ES: V-	Victim	(Denote V2, V3)	O = 0	Owner (i	f other than vict	im)	R=	Repor	ting F	Person (if o	ther th	an victim)								
O T				Business Soci	ety 🗆] Govern	ment 🔲 Finar	ncial Ir	nstitu	te 🗆	Reli	igious 🗖 I	.E. O	fficer Line	-							
	Code			First, Middle)	E											ctim of rime #		OB / Age	41	Race	Sex	
H E	RP MICKIEWICZ, MICHAEL PAUL W															W	M					
R S	Home Address Home Phone																					
3	Employer Name/Address Business Phone Mobile Ph															one						
I N	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																					
v																ctim o	f Do	OB / Age		Race	Sex	
O L		Crime #																				
V E	Home	Addre	ss													Home Phone					_	
D	Emple	wer Na	me/Add	recc									1 1	Rucinecc Ph	one		M	obile Pho	one			
	Employer Name/Address Business Pho																IVI	oone i ne	JIIC			
Status Codes				R = Recovered if recovered for ot				$\mathbf{B} = \mathbf{I}$	Burne	ed C	= Co	unterfeit / F	orged	F = Foun	ıd							
P R	Victim # DCI Status Value OJ QTY Property Description													Ma	ke/Mo	del	Ser	rial Nu	mber			
	1	31	4	\$1,500.00		1	GLASS DOOR	ASS DOOR														
	1	36 36	7	\$429.99 \$499.99		1	LEAF BLOWER									3r200		372628227				
	1	36	7	\$499.99		1	LEAF BLOWER									eaf Blo Br 450	wer	543964729 543964720				
0	1	36	7	\$619.95		1	LEAF BLOWER									eaf Blo	wer	544194362				
P E		PCA	SUSP	\$0.00		1	0 GRY,	NC							HYUN S	anta Fe	?					
R T																						
Y																						
}																					_	
ļ																						
1																						
	Numb		ehicles S		Nu D#	mber Ve	hicles Recovere		0				1	Supervisor	Signa	hire						
ID	KEE	NAN,		Officer Signature						Supervisor Signature JONES, W. B. (J5116)												
Status	Compl	lainant	Signatur	e			Case Statu	1						□ I.oo	ated			□ Extra	adition	Declin	ned	
						X Inac	☐ Further Investigation ☐ Unfounded ☐ Cleared by Arrest ☐ Closed/Cleared ☐ Cleared by Arrest ☐ Cleared by Arrest							Located								
							Closed			anneta d	,	Dooth	dy Ai	rrest by Ander	Juner A	gency	Doct	inad [Pa	σe 1	_	