							-						i						
I N	Agenc	y Namo		STON-SALE	OLICE	INCIDENT/INVESTIGATION							OCA 2442585						
C	ORI					REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
I D		NC	NC 034	40200										11 25 2024 16:28 Hrs.					
E		Crime I	ncident(s)			•	Att At Found Sᆀ T ₩ T F S Month Day Yr Time							Last Known Secure Month Day Yr Time				
N T	#1			Shoplift	ing			🛛 Con	1 1		-		5:28 Hrs	1	10		Time 18:0		
D	#2	Crime I	ncident					Att Location of Incident							Offense Tract				
А														ton-sale			113		
T A	#3	Crime I	ncident				Att Premise Type									tim Resid	• •		
	How	ttooko	d or Con	mittad				Con	1				Forcible			on / Tools		ulti Family	
MO			MITTEI									🗆 Yes [X N/A	weapo	5117 10018				
	# of V	iatima	Tuna							Inium	- >:	- `	□ No		Loss of Teeth Drug/Alcohol Use:				
V I															□ Loss of Teeth Drug/Alcohol Use: There Lacerations □ Yes □ Unknown				
	1			ligious 🔲 L.E. O					wn		Internal		Severe ⊔ Severe	$\Box \text{ Other Major} \qquad \Box \text{ No} \Box \text{ N/A}$					
	Victim/Business Name (Last, First, Middle) Victim of DOB / Age															elationshi	Resid	ent Status	
C T	V1			TA OMITTED							Crime #				To	Offende		esident on-Resident	
I			DA								1,							nknown	
М	Home	Addre	ss			г				11				Home	Phone				
	Emul							OMITTED											
	Emplo	Jyei IN	ume/Add	1055	Γ	ATA OMITTED							Business Phone						
'	VYR	M	ake	Model	S	tyle	Color	L	Lic/Lis				Vin						
				1															
O T																			
Н																			
E R																			
S																			
	DATA OMITTED																		
I N							DITT	1 010			D								
v																			
0																			
L V	E																		
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen	R = Recovered if recovered for oth	D =	Damaged risdiction)	Z = Seized	$\mathbf{B} = \mathbf{B}\mathbf{u}$	med	$\mathbf{C} = \mathbf{C}$	ounterfeit / F	orged	F = Foun	d					
	Victim					Í									Make/Model Serial Number				
P R	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					QTY 2	CREST WHIT	Property Description TE STRIPS						CREST/White DATA C					
	1 16 7						2 CREST WHITE STRIPS								EST/White FOR				
	1										NEXIUM INFORMATION								
	1	10	7			4	PRILOSEC								OSEC SECURITY				
0	1	10	7			2	PRILOSEC							PRILOSI	DSEC PURPOSES			OSES	
Р. Е.	1	10	7											IMODIU					
R T Y	1	10	7		4 PREVACID									PREVAC					
		1 10 7 2 FLONASE										FLONAS FLONAS							
	1	10	7 7				FLONASE ASTEPRO											S ARE YED ON	
	1	10 10	7				NASACORT							ASTEPR NASACC			P2C REI		
-	1	10	7				NASACORT							NASACORT					
-	Numb	er of V	ehicles S	tolen 0	Nu		icles Recovere	d 0					I						
	Office	r		I	D#		Officer Sig	-					Supervisor	Signatu	e (1.40	74)			
ID			K. L. (Casa Stat	9			Case Di	itian	ĊARLI	N, J. Ĺ.	(149	/4)			
Status	Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Lot												□ Loc	cated					
												rrest	Refuse to Cooperate						
								/Cleared /Leads E	xhau	sted	□ Cleared □ Death o			other Age Prosecu		eclined	Pa	ge 1	