I N	Agenc	y Nam	STON-SALE	IN	NCIDENT/INVESTIGATION							OCA 2446710								
C	ORI	NG					-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								Last Known Secure SMTWTFS Last Known Secure Month Day Yr Time							
N T	#1			, Shopliftii	ng				Com	Month 12	Γ			Time B:17 Hrs				Yr —	Time	Hrs.
D	#2	Crime I	ncident							Locatio	n of	Incident							Offense Trac	
A T		Trime I	ncident	Trespassi	ing				☐ Att Premise Type							Victim Residence Type				
A	#3	Jime i	neident					Com	Tremise	1 7 1	ρC				- 1			y ∏Multi F	amily	
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	2			ciety Governm	ent	□ F	inancial Instit		1	- 1	_	roken Bone		Severe	Lacera	tions		_	Unkne	own
V I		Victim/		igious L.E. Of Name (Last, First,			uty 🔲 Othe	er/Un	Know	'n [ternal Victim of		scious [Other	<u> </u>		No Onship	□N/A Resident S	tatus
C T	V1			ΓΑ OMITTED		ĺ						Crime #		. 6			To Off	ender	Resider Non-Re	nt
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141	Home	Addre	ess		ATA OMI	ITTED								Home Phone						
	Employer Name/Address DATA OM															Business Phone				
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H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Codes	Victim				Ť	Ĺ				D : .					37.1	Make/Model Serial Number				
	# DCI Status Value OJ QTY 1 16 7							Property Description 2 STRAIGHTENER							DYSON				TA OMITT	
	1	16	7			1	FLAT IRON	RON							TS/Sing	lepas	is.		FOR	
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ID	Office RUI		A. (158	id 169)	Officer Sig	Officer Signature Supervi							or Signature T. A. (15478)							
	Complainant Signature Case Stat									Case Disposition:							- Eve	dition Da-1	linad	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Test by Ander	Refuse other Ag	gency	Cooperat	ē —	Page 1	