

ON VIEW DISPATCHED NAME OF AGENCY: **WICHITA POLICE DEPARTMENT** KS AGENCY ORI NUMBER: **KS0870300** CASE NUMBER: **22C040517**
 CITIZEN

INCIDENT
 DATE OFFENSE STARTED (MMDDCCYY): **07/03/2022** TIME (HHMM): **01:22** DATE OFFENSE ENDED (MMDDCCYY): **07/03/2022** TIME (HHMM): **01:22** DATE OF REPORT (MMDDCCYY): **07/03/2022**
 EXCEPTIONAL CLEARANCE DATE (MMDDCCYY): _____ EXCEPTIONAL CLEARANCE: A. DEATH OF OFFENDER B. PROSECUTION DENIED C. EXTRADITION DENIED
 D. VICTIM REFUSES TO TESTIFY E. JUVENILE - NO CUSTODY N. NOT APPLICABLE
 LOCATION OF OFFENSE: **E DOUGLAS AVE and N SAINT FRANCIS AVE, WICHITA, Kansas, 67202** REPORT AREA: **21** TIME REPORTED: **01:22** TIME ARRIVED: **07/03/2022 02:11** TIME CLEARED: **07/03/2022 03:53**

OFFENSE #001
 CHAPTER: **21** SECTION: **5801** SUB 1: **a** SUB 2: **1** ATTEMPTED AID/ABET COMPLETED CONSPIRACY SOLICITATION
 DESCRIPTION: **0630A LARCENY A/FROM AUTO \$1500+**
 PREMISE: **02** # OF PREM.: _____ HATE/BIAS: **88** CAMPUS CODE: _____ METHOD OF ENTRY: F. FORCE N. NO FORCE
 TYPE OF THEFT: M. COIN MACHINE E. EMBEZZLEMENT 11. FIREARM AUTO
 B. FROM BUILDING T. POSS. STOLEN PROP. 12. HANDGUN AUTO
 A. M V PARTS & ACC. V. MOTOR VEHICLE 13. RIFLE AUTO
 L. SHOPLIFTING F. THEFT FROM M V 14. SHOTGUN AUTO
 P. POCKET-PICKING O. ALL OTHER 15. OTHER FIREARM AUTO
 S. PURSE SNATCHING N. NOT APPLICABLE
 OFFENDER SUSPECTED OF USING (SELECT UP TO 3): 20. KNIFE / CUT INSTR. 30. BLUNT OBJECT
 A. ALCOHOL D. DRUG / NARCOTICS 35. MOTOR VEHICLE 40. PERSONAL WEAPON
 C. COMPUTER EQUIP. N. NOT APPLICABLE 50. POISON 60. EXPLOSIVE
 TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3): 65. FIRE / INCID / DEVICE 70. DRUGS / NARC. 85. ASPHYXIATION 90. OTHER 95. UNKNOWN 99. NONE
 B. BUYING / RECEIVING T. TRANS / TRANSMIT / IMPORT
 C. CULT / MANU / PUBL D. DIST / SELLING U. USING / CONSUMING
 E. EXPLOIT. CHILDREN J. JUVENILE GANG
 O. OPER / PROMOTE / ASSIST N. NO GANG INVOLVEMENT
 P. POSSESS / CONCEAL
 LOCAL CODE: **0630A**

OFFENSE #002
 CHAPTER: **21** SECTION: **5813** SUB 1: **a** SUB 2: **1** ATTEMPTED AID/ABET COMPLETED CONSPIRACY SOLICITATION
 DESCRIPTION: **2673 DESTRUCTION TO AUTO**
 PREMISE: **02** # OF PREM.: _____ HATE/BIAS: **88** CAMPUS CODE: _____ METHOD OF ENTRY: F. FORCE N. NO FORCE
 TYPE OF THEFT: M. COIN MACHINE E. EMBEZZLEMENT 11. FIREARM AUTO
 B. FROM BUILDING T. POSS. STOLEN PROP. 12. HANDGUN AUTO
 A. M V PARTS & ACC. V. MOTOR VEHICLE 13. RIFLE AUTO
 L. SHOPLIFTING F. THEFT FROM M V 14. SHOTGUN AUTO
 P. POCKET-PICKING O. ALL OTHER 15. OTHER FIREARM AUTO
 S. PURSE SNATCHING N. NOT APPLICABLE
 OFFENDER SUSPECTED OF USING (SELECT UP TO 3): 20. KNIFE / CUT INSTR. 30. BLUNT OBJECT
 A. ALCOHOL D. DRUG / NARCOTICS 35. MOTOR VEHICLE 40. PERSONAL WEAPON
 C. COMPUTER EQUIP. N. NOT APPLICABLE 50. POISON 60. EXPLOSIVE
 TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3): 65. FIRE / INCID / DEVICE 70. DRUGS / NARC. 85. ASPHYXIATION 90. OTHER 95. UNKNOWN 99. NONE
 B. BUYING / RECEIVING T. TRANS / TRANSMIT / IMPORT
 C. CULT / MANU / PUBL D. DIST / SELLING U. USING / CONSUMING
 E. EXPLOIT. CHILDREN J. JUVENILE GANG
 O. OPER / PROMOTE / ASSIST N. NO GANG INVOLVEMENT
 P. POSSESS / CONCEAL
 LOCAL CODE: **2673**

VICTIM #001
 TYPE OF VICTIM: I. INDIVIDUAL S. SOCIETY / PUBLIC R. RELIGIOUS ORGANIZATION O. OTHER
 B. BUSINESS F. FINANCIAL INSTITUTION G. GOVERNMENT U. UNKNOWN
 VICTIM OF OFFENSE (CIRCLE): 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
 NAME: LAST **PV HOLDING COOPERATION** FIRST _____ MIDDLE _____
 ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER (HOME) _____ RACE _____ SEX _____ ETHNICITY _____ RES. / N-RES. _____ AGE _____ DATE OF BIRTH (MMDDCCYY) _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____
 DRIVERS LICENSE NUMBER _____ D L STATE _____ EMPLOYER / SCHOOL _____
 TELEPHONE NUMBER (WORK/SCHOOL) _____ ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
 CIRCUM. AGG ASLT/BATTERY (MAX 2) _____ VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.

RP / W / O
 NAME: LAST _____ FIRST _____ MIDDLE _____ ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER (HOME) _____ RACE _____ SEX _____ ETHNICITY _____ RES. / N-RES. _____ AGE _____ DATE OF BIRTH (MMDDCCYY) _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____
 EMPLOYER / SCHOOL _____ ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER (WORK/SCHOOL) _____

PROP. DESCRIPTION

TYPE LOSS	PROPERTY / DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE	ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED
7	0650	HP LAPTOP	1			600.00	
7	0650	APPLE LAPTOP	1			2,000.00	
7	0155	SOCIAL SECURITY NUMBER CARD	1			1.00	

REPORTING OFFICER: **SERRANO, ELIZABETH** BADGE / ID: **#C2803** DATE: **07/03/2022 01:22** COPIES TO: _____ PROPERTY TOTAL: **10,090.00**

KANSAS STANDARD OFFENSE SUPPLEMENT REPORT

FRONT PAGE OPEN PUBLIC RECORD

NAME OF AGENCY WICHITA POLICE DEPARTMENT				KS AGENCY ORI NUMBER KS0870300				CASE NUMBER 22C040517							
CHAPTER	SECTION	SUB 1	SUB 2	<input type="radio"/> ATTEMPTED <input type="checkbox"/> AID/ABET <input type="radio"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION				CHAPTER	SECTION	SUB 1	SUB 2	<input type="radio"/> ATTEMPTED <input type="checkbox"/> AID/ABET <input type="radio"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION			
DESCRIPTION				DESCRIPTION				DESCRIPTION				DESCRIPTION			
PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE				PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE			
TYPE OF THEFT M. <input type="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BUILDING T. <input type="radio"/> POSS. STOLEN PROP. A. <input type="radio"/> M V PARTS & ACC. V. <input type="radio"/> MOTOR VEHICLE L. <input type="radio"/> SHOPLIFTING F. <input type="radio"/> THEFT FROM M V P. <input type="radio"/> POCKET-PICKING O. <input type="radio"/> ALL OTHER S. <input type="radio"/> PURSE SNATCHING N. <input type="radio"/> NOT APPLICABLE				TYPE OF FORCE / WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO 20. <input type="checkbox"/> KNIFE / CUT INSTR. 30. <input type="checkbox"/> BLUNT OBJECT 35. <input type="checkbox"/> MOTOR VEHICLE 40. <input type="checkbox"/> PERSONAL WEAPON 50. <input type="checkbox"/> POISON 60. <input type="checkbox"/> EXPLOSIVE 65. <input type="checkbox"/> FIRE / INCID / DEVICE 70. <input type="checkbox"/> DRUGS / NARC. 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				TYPE OF THEFT M. <input type="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BUILDING T. <input type="radio"/> POSS. STOLEN PROP. A. <input type="radio"/> M V PARTS & ACC. V. <input type="radio"/> MOTOR VEHICLE L. <input type="radio"/> SHOPLIFTING F. <input type="radio"/> THEFT FROM M V P. <input type="radio"/> POCKET-PICKING O. <input type="radio"/> ALL OTHER S. <input type="radio"/> PURSE SNATCHING N. <input type="radio"/> NOT APPLICABLE				TYPE OF FORCE / WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO 20. <input type="checkbox"/> KNIFE / CUT INSTR. 30. <input type="checkbox"/> BLUNT OBJECT 35. <input type="checkbox"/> MOTOR VEHICLE 40. <input type="checkbox"/> PERSONAL WEAPON 50. <input type="checkbox"/> POISON 60. <input type="checkbox"/> EXPLOSIVE 65. <input type="checkbox"/> FIRE / INCID / DEVICE 70. <input type="checkbox"/> DRUGS / NARC. 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE			
OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP. N. <input type="checkbox"/> NOT APPLICABLE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP. N. <input type="checkbox"/> NOT APPLICABLE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP. N. <input type="checkbox"/> NOT APPLICABLE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP. N. <input type="checkbox"/> NOT APPLICABLE			
TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL D. <input type="checkbox"/> DIST / SELLING U. <input type="checkbox"/> USING / CONSUMING E. <input type="checkbox"/> EXPLOIT. CHILDREN J. <input type="checkbox"/> JUVENILE GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST G. <input type="checkbox"/> OTHER GANG P. <input type="checkbox"/> POSSESS / CONCEAL N. <input type="checkbox"/> NO GANG INVOLVEMENT				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL D. <input type="checkbox"/> DIST / SELLING U. <input type="checkbox"/> USING / CONSUMING E. <input type="checkbox"/> EXPLOIT. CHILDREN J. <input type="checkbox"/> JUVENILE GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST G. <input type="checkbox"/> OTHER GANG P. <input type="checkbox"/> POSSESS / CONCEAL N. <input type="checkbox"/> NO GANG INVOLVEMENT				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL D. <input type="checkbox"/> DIST / SELLING U. <input type="checkbox"/> USING / CONSUMING E. <input type="checkbox"/> EXPLOIT. CHILDREN J. <input type="checkbox"/> JUVENILE GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST G. <input type="checkbox"/> OTHER GANG P. <input type="checkbox"/> POSSESS / CONCEAL N. <input type="checkbox"/> NO GANG INVOLVEMENT				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL D. <input type="checkbox"/> DIST / SELLING U. <input type="checkbox"/> USING / CONSUMING E. <input type="checkbox"/> EXPLOIT. CHILDREN J. <input type="checkbox"/> JUVENILE GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST G. <input type="checkbox"/> OTHER GANG P. <input type="checkbox"/> POSSESS / CONCEAL N. <input type="checkbox"/> NO GANG INVOLVEMENT			
LOCAL CODE				LOCAL CODE				LOCAL CODE				LOCAL CODE			

VICTIM #002	TYPE OF VICTIM I. <input checked="" type="checkbox"/> INDIVIDUAL S. <input type="checkbox"/> SOCIETY / PUBLIC R. <input type="checkbox"/> RELIGIOUS ORGANIZATION O. <input type="checkbox"/> OTHER B. <input type="checkbox"/> BUSINESS F. <input type="checkbox"/> FINANCIAL INSTITUTION G. <input type="checkbox"/> GOVERNMENT U. <input type="checkbox"/> UNKNOWN										VICTIM OF OFFENSE (CIRCLE) 1. <input checked="" type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>											
	NAME: LAST FIRST MIDDLE										NAME: LAST FIRST MIDDLE											
	ADDRESS: STREET CITY STATE ZIP										ADDRESS: STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES										
	(512) 669-8459		U	M	N	N	27	██████1994	6'0"		BLK	BLK										
	DRIVERS LICENSE NUMBER		D L STATE	EMPLOYER / SCHOOL																		
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS: STREET CITY STATE ZIP																				
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>										TYPE OF INJURY (MAX 5) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>										

VICTIM #	TYPE OF VICTIM I. <input type="checkbox"/> INDIVIDUAL S. <input type="checkbox"/> SOCIETY / PUBLIC R. <input type="checkbox"/> RELIGIOUS ORGANIZATION O. <input type="checkbox"/> OTHER B. <input type="checkbox"/> BUSINESS F. <input type="checkbox"/> FINANCIAL INSTITUTION G. <input type="checkbox"/> GOVERNMENT U. <input type="checkbox"/> UNKNOWN										VICTIM OF OFFENSE (CIRCLE) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>											
	NAME: LAST FIRST MIDDLE										NAME: LAST FIRST MIDDLE											
	ADDRESS: STREET CITY STATE ZIP										ADDRESS: STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES										
	DRIVERS LICENSE NUMBER		D L STATE	EMPLOYER / SCHOOL																		
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS: STREET CITY STATE ZIP																			
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>										TYPE OF INJURY (MAX 5) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>										

RP / W / O	NAME: LAST FIRST MIDDLE										ADDRESS: STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES										
	EMPLOYER / SCHOOL		ADDRESS: STREET CITY STATE ZIP										TELEPHONE NUMBER (WORK/SCHOOL)									

REPORTING OFFICER SERRANO, ELIZABETH	BADGE / ID #C2803	DATE 07/03/2022 01:22	COPIES TO
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KANSAS STANDARD OFFENSE SUPPLEMENT REPORT

BACK PAGE OPEN PUBLIC RECORD

RP / W / O	NAME: LAST FIRST MIDDLE				ADDRESS: STREET CITY STATE ZIP						
	TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
	EMPLOYER / SCHOOL				ADDRESS: STREET CITY STATE ZIP				TELEPHONE NUMBER (WORK/SCHOOL)		

RP / W / O	NAME: LAST FIRST MIDDLE				ADDRESS: STREET CITY STATE ZIP						
	TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
	EMPLOYER / SCHOOL				ADDRESS: STREET CITY STATE ZIP				TELEPHONE NUMBER (WORK/SCHOOL)		

RP / W / O	NAME: LAST FIRST MIDDLE				ADDRESS: STREET CITY STATE ZIP						
	TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
	EMPLOYER / SCHOOL				ADDRESS: STREET CITY STATE ZIP				TELEPHONE NUMBER (WORK/SCHOOL)		

TYPE PROPERTY LOSS 1 = NONE 2 = BURNED 3 = COUNTERFEITED / FORGERY 4 = DESTROYED / DAMAGED / VANDALIZED 5 = RECOVERED 6 = SEIZED 7 = STOLEN 8 = UNKNOWN							
TYPE LOSS	PROPERTY / DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE	ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED
7	0158	PASSPORT	1			1.00	
7	0101	US MONEY	1			5,700.00	
7	0812	BLACK AND YELLOW BAG	1			1.00	
7	0650	AIRPODS	1			130.00	
7	0302	MEN CLOTHING	1			150.00	
4	1151	WINDOW	1			100.00	
7	0209	FOSSIL WATCH	1			300.00	
7	0207	GOLD RING (PLAIN)	1			1,000.00	
7	0158	COLLEGE ID	1			0.00	
7	0158	COLLEGE I20 FORMS (13 TOTAL)	13			1.00	
7	0158	WORK AUTH CARD (PAST AND PRESENT)	2			1.00	
7	1156	AUTO REGISTRATION	1			1.00	
7	1156	UNDERGRAD DOCUMENTATION	1			1.00	
7	1156	WORK EXPERIENCE DOCUMENTATION	1			1.00	
7	1156	MASTER'S CERTIFICATE	1			1.00	
7	0650	CHARGER FOR:PHONE/LAPTOPS/WATCH	4			1.00	
4	0402	BFAF85; 5XYRGDLCXNG104450; Kia; Sorento; 2022	1			100.00	

PROP. DESCRIPTION