

Report Type	Primary Offense <b>0110A MOTOR VEHICLE THEFT</b>	Location Type <b>05 COMMERCIAL/OFFICE BUILDING</b>	Date Reported <del>03/05/2018</del>	Time Reported <b>00:31</b>
Other Offense	Other Offense	Other Offense	Other Offense	Other Offense

Reporting Officer <b>015309</b>	District/Zone <b>200 EAST</b>	Case Status
Location of Occurrence <del>██████████</del>	Can Suspect Be Identified Yes <input type="checkbox"/> No <input type="checkbox"/>	Offense Begin Date <b>03/05/2018</b>
		Offense Begin Time <b>00:01</b>
		Offense End Date <del>██████████</del>
		Offense End Time <b>00:31</b>
Name <b>SHOOTING FOR WOMEN ALLIANCE,</b>	Sex	Race
Address	Home Phone <del>(██████████) ██████████</del>	Employer Name / Address
Complainant <b>C ██████████, S ██████████</b>	Sex <b>F</b>	Race <b>W</b>
Address <del>██████████</del>	Age <b>061</b>	Date of Birth
	Employer Name / Address <b>SHOOTING FOR WOMEN ALLIANCE</b>	Social Security Number
		Employer Phone <del>██████████</del>

**Narrative**

On ~~03/05/2018~~ at 0031 hours the complainant called the Knox County Sheriffs Office Teleserve Unit to report to report the listed vehicle and trailer as stolen from ~~██████████~~. Complainant advised the listed suspect has permission to drive the vehicle with attached trailer from ~~██████████~~. Complainant advised she has asked for the suspect to return the vehicle and trailer multiple times and the suspect has not returned it. No NCIC entry at this time due to theft after trust.

→ "MO" keeps  
- "civil" / not criminally

**VEHICLE INFORMATION**

Stolen <input checked="" type="checkbox"/>	Recovered <input type="checkbox"/>	Victimized <input type="checkbox"/>	Suspect <input type="checkbox"/>	Towed <input type="checkbox"/>	ATL <input type="checkbox"/>
Year <b>2006</b>	Make <b>OTHER</b>	Model <b>1HT</b>	Style <b>TK</b>	Color <b>RED</b>	License Number <del>██████████</del>
					License Year <b>2019</b>
					State <b>TN</b>
VIN <del>██████████</del> 5186	Value <del>██████████</del>	Towed By / Towed To			
Stolen <input type="checkbox"/>	Recovered <input type="checkbox"/>	Victimized <input type="checkbox"/>	Suspect <input type="checkbox"/>	Towed <input type="checkbox"/>	ATL <input type="checkbox"/>
Year	Make <b>OTHER</b>	Model <b>CARGO</b>	Style <b>TL</b>	Color <b>RED</b>	License Number
					License Year
					State
VIN <del>██████████</del> 51269	Value <del>██████████</del>	Towed By / Towed To			

**WITNESSES**

Witness No. 1	Address	Sex	Race	Age	TX
Witness No. 2	Address	Sex	Race	Age	TX

**WEATHER/ M.O.**

Lighting	Weather	Means of Entry
Point of Entry	Point of Exit	Tools used
Exit Direction	Entry Direction	

### Suspect

Name <b>SUMMERS, PAIGE M</b>				Name							
Address				Address							
Home Phone <b>(970) 880-2440</b>		Date of Birth		Social Security Number		Home Phone		Date of Birth		Social Security Number	
Sex <b>M</b>	Race <b>W</b>	Age <b>055</b>	Build	Sex	Race	Age	Build	Sex	Race	Age	Build
Height <b>510</b>	Weight <b>180</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Height	Weight	Hair	Eyes	Height	Weight	Hair	Eyes
Place Employed / School				Place Employed / School							
Weapons				Weapons							
Suspect Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>		Arrest #	Arrest Date	Arrest Time	Suspect Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>		Arrest #	Arrest Date	Arrest Time		
Arrest Location				Arrest Location							
Arrest Charges				Arrest Charges							
Injury Type				Injury Type							
Name				Name							
Address				Address							
Home Phone		Date of Birth		Social Security Number		Home Phone		Date of Birth		Social Security Number	
Sex	Race	Age	Build	Sex	Race	Age	Build	Sex	Race	Age	Build
Height	Weight	Hair	Eyes	Height	Weight	Hair	Eyes	Height	Weight	Hair	Eyes
Place Employed / School				Place Employed / School							
Weapons				Weapons							
Suspect Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>		Arrest #	Arrest Date	Arrest Time	Suspect Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>		Arrest #	Arrest Date	Arrest Time		
Arrest Location				Arrest Location							
Arrest Charges				Arrest Charges							
Injury Type				Injury Type							

This Report Has Been Approved By: [REDACTED]