

I N C I D E N T  D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2023-001883</i>				
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>05   01   2023   10:56 Hrs.</i>				
	#1	Crime Incident(s) <i>Larceny Of All Other Vehicles</i>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>01   15   2023   12:01 Hrs</i>				Last Known Secure Month Day Yr Time <i>01   15   2023   12:00 Hrs.</i>						
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>801 Lake Dr, Kernersville NC 27284</i>								Offense Tract <i>Z1</i>		
#3	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type						Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family					
MO	How Attacked or Committed <i>Item Was Taken.</i>										Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools				
V I C T I M	# of Victims <i>1</i>		Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown				Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major				Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A						
	V1		Victim/Business Name (Last, First, Middle) <i>CASPER, DARIN LEE</i>				Victim of Crime # <i>1,</i>		DOB / Age <i>56</i>		Race <i>W</i>	Sex <i>M</i>	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown			
	Home Address										Home Phone						
	Employer Name/Address								Business Phone		Mobile Phone						
	VYR <i>2002</i>		Make <i>HOND</i>	Model <i>TRX 400</i>	Style <i>MC</i>	Color <i>GRN</i>	Lic/Lis		Vin <i>478TE254524102159</i>								
O T H E R  S   I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																
	Code	Name (Last, First, Middle)									Victim of Crime #	DOB / Age		Race	Sex		
	Home Address										Home Phone						
	Employer Name/Address								Business Phone		Mobile Phone						
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																
	Code	Name (Last, First, Middle)									Victim of Crime #	DOB / Age		Race	Sex		
Home Address										Home Phone							
Employer Name/Address								Business Phone		Mobile Phone							
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description				Make/Model		Serial Number				
	<i>1</i>	<i>RV</i>	<i>7</i>	<i>\$3,500.00</i>		<i>1</i>	<i>2002 GRN ,</i>				<i>HOND Trx 400</i>		<i>478TE254524102159</i>				
Number of Vehicles Stolen <i>1</i> Number Vehicles Recovered <i>0</i>																	
ID	Officer <i>GORDON, D. L. (G5149)</i>				ID#		Officer Signature				Supervisor Signature <i>WEMYSS, D. T. (W5078)</i>						
Status	Complainant Signature						Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted				Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined						
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