I N	Agency	Name		ERNERSVILI	LE P	OLICI	E IN	INCIDENT/INVESTIGATION							OCA 2024-001092					
C I	ORI	NC	034010	200			7	REPORT						Date/Time Reported SMTWTFS Month Day Yr Time 03 18 2024 17:02 Hrs.						
D E			cident(s				Att At Found SMT Month Day Yr					T F S	Last		18 vn Secui Day		TM)2 Hrs. VTFS		
N T	#1	· · ·	.1.	Shoplift		□ Com 03 18 2024 17									2024 17:01 Hrs.					
D A	#2	rime Ii	ncident					☐ Att Location of Incident ☐ Com 1130 S Main St, Kernersville						NC 27284 Offense Tract Z3						
T A	#3	rime I	ncident					Att Premise Type						Victim Residence Type ☐ Single Family ☐ Multi Family						
	How A	ttacked	l or Com	mitted				Forcible					Forcible		We	apon / T		√∐Mu	iu Family	
МО	I Inve	stigate	ed A Rej	port Of A Larce	ny In	Progres	s.					☐ Yes [☐ No	X N/A							
	# of V	ictims		☐ Person		Business		Injury ☐ None ☐ Macial Institute ☐ Broken Bones				_	Minor ☐ Loss of Teeth ☐ Severe Lacerations				Drug/Alcohol Use: Yes Unknown			
v	1		_	igious 🔲 L.E. O		_		y Other/Unknown Internal Unc						Other	· Majo	r	No □N/A			
I C				Name (Last, First	t, Mid	dle)		Victim of Crime #			DOE	OB / Age Race			Relatio To Off		Reside	nt Status ident		
T I	V1	WAL	MART					1,											-Resident	
M	Home	Addre	SS												Hor	ne Phon	e		diown	
	Emplo	yer Na	me/Addı	ress						Business Phone			N	Mobile Phone						
	VYR Make Model Style Color Lic/Lis																			
	CODE	S· V-	Victim	(Denote V2 V3)	0-0	Owner (if	other than vict	im)	R – F	Reporting	Person (if o	ther the	an victim)							
O T	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																			
	Code IO		,	First, Middle) <i>LAUREN NIC</i>	THO	F									ctim c rime #	of DO	B / Age		Race Sex	
H E																Hor	ne Pho		$B \mid F$	
R S																				
I	Employer Name/Address Business Phone Mobile Phone																			
N V				Business Socie	ty 🗀	Governn	nent Financ	cial Ins	titute	☐ Reli	gious 🗆 L	E. Off	icer Line of				Race Sex			
O L	Code Name (Last, First, Middle) RP HERRERA, JONATHAN ISSAC														rime #		D / Mgc		$W \mid M$	
V E	Home	Addres	SS													Hon	ne Phoi		VV IVI	
D	Emplo	ver Na	me/Addı	ress								F	Business Ph	Phone M			Mobile Phone			
		Employer Name/Address Business Phone Mobile Phone L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Checl			R = Recovered f recovered for ot				$\mathbf{B} = \mathbf{E}$	Burnec	d C = Co	ounterfeit / F	Forged	F = Foun	d ———						
	Victim #	DCI	Status	Value	OJ	QTY		Property Description							Make/Model			Serial Number		
P	1	08 7,5 \$12.00 1 MISC FOOD ITEMS 08 5 \$12.00 1 MISC FOOD ITEMS																		
					index of the first															
R O P																				
E R																				
T Y																				
1																				
	Numb	or of V	ahialas S	stolen 0	No	mbor Vol	riales Dagovers	d ()											
II.	Officer	ficer ID# Officer Signature Supervisor Signature																		
ID		CAMPBELL, C. C. (C5247) Complainant Signature Case Status Case Disposition:																		
Status							☐ Inact	☐ Further Investigation ☐ Unfounded ☐ Locat ☐ Inactive ☐ Cleared by Arrest ☐ I ☐ Closed/Cleared ☐ Cleared by Arrest by Anoth						Refuse to Cooperate						
							☐ Closed			usted	☐ Cleared ☐ Death o		rest by And	other A Prose	gency cution	n Declin	ed	Pag	e 1	