I N	Agenc	y Name		ERNERSVIL	LE P	OLICI	INCIDENT/INVESTIGATION							OCA 2024-001093						
C I	ORI	NC	034010				1	REPORT						Date / Time Reported SMTWTFS						
D E	C		cident(s				☐ Att					T F S	Day 17 Time O3 18 2024 16:55 Hr Last Known Secure S M T W T F Month Day 17 Time					WTFS		
N T	#1			Shoplift			X Co	om M		ime :55 Hrs			_	924	Time 16:5					
D	#2	Crime II	ncident					☐ Att Location of Incident Com 1035 Beesons Field Dr, Kerne						ersville NC 27284 Offense Tract						
A T	#3	Crime II	ncident					Att Premise Type					r, nerner	Victim Residence Type						
A		ttacked	l or Com	mitted		Com					Forcible	Single Family Multi Far Weapon / Tools					ulti Family			
МО	Shopl		or con	minted									☐ Yes							
V	# of V	ictims		☐ Person		Business		Injury None Minor						Loss of Teeth Drug/Alcohol U				Use:		
	1		_	ciety 🔲 Governi ligious 🔲 L.E. O		_	Financial Instit	-						Severe Lacerations ous Other Major				☐ Yes ☐ Unknown ☐ No ☐ N/A		
I C	7	/ictim/		Name (Last, First			, <u>u</u>									Relation	elationship o Offender X Resident			
T I	V1	WAL	MART	NEIGHBORH	1001	O MARI	KET	I,								10 0116		□ No	n-Residen	
M	Home	Addre	ss					1,				Hon	ne Phone	<u> </u>	□ Ur	nknown				
	Emplo	ver Na	me/Add	ress							Business Phone			Гм	Mobile Phone					
					1.0	. 1	1.0.1	Lic/Lis												
	VYR		ıke	Model		tyle	Color		L1C/L	.1S			Vin							
	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																			
O T	Code Name (Last, First, Middle)												neer Eme (Vi	ctim o	f DOE	3 / Age		Race Sex	
H E	RP	BR	OWN,	KIANDRA B											iiiiic ii	B 1				
R S	Home	Addres	SS													Hon	ne Pho	ne		
3	Employer Name/Address Business Phone Mobile Phone																			
I N	Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown																			
v O	Code Name (Last, First, Middle)														ctim o rime #		3 / Age	:	Race Sex	
L V																				
E D	Home	Addres	SS											Home I none						
	Emplo	yer Na	me/Add	ress								I	Business Ph	Phone Mobile Phone						
Status				R = Recovered				$\mathbf{B} = \mathbf{B}$	urned	C = Cc	ounterfeit / F	orged	F = Foun	ıd		<u> </u>				
Codes	Victim		Status	if recovered for ot	her jui OJ	QTY)	Property Description							Make/Model			Serial Number		
	# 1	DCI 19	Value \$60.00	TIDE PODS	1 7 1							Wake/Woder			Seriai Number					
P R	1	19	7	\$100.00		4	COLGATE WHI													
O P																				
E R																				
T Y																				
t	Numb	er of V	ehicles S	Stolen 0	Nu	mber Vel	nicles Recovere	ed 0												
ID	Officer COX		. (C52	(07)		Supervisor Signature HARMEL, A. J. (H5176)														
·			Signatur					Case Status Case Disposition: Unfounded Located Extradition Declined												
Status							_ Inact	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate								.aru011	Decinica			
								Closed/Cleared Closed/Leads Exhausted Death of Offender Prosecution Declined Page										ge 1		