

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2024-001273</i>						
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>04 01 2024 10:45</i> Hrs.		S M T W T F S <i>S M T W T F S</i>				
	#1	Crime Incident(s) <i>Housebreaking Non Forcible</i>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		At Found Month Day Yr Time <i>04 01 2024 10:45</i> Hrs				Last Known Secure Month Day Yr Time <i>03 31 2024 12:00</i> Hrs				S M T W T F S <i>S M T W T F S</i>			
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com		Location of Incident <i>323 Pineview Dr - A8, Kernersville NC 27284</i>								Offense Tract <i>Z2</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										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 type="checkbox"/> Person <input checked="" 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>THE STATION AT PINEVIEW</i>				Victim of Crime # <i>I,</i>		DOB / Age		Race		Sex		Relationship To Offender		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown			
	Home Address										Home Phone								
	Employer Name/Address										Business Phone				Mobile Phone				
	VYR		Make		Model		Style		Color		Lic/Lis		Vin						
O T H E R 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 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																		
	Code <i>RP</i>	Name (Last, First, Middle) <i>ROGERS, REBA HICKS</i>										Victim of Crime #		DOB / Age <i>48</i>		Race <i>W</i>		Sex <i>F</i>	
	Home Address										Home Phone								
	Employer Name/Address										Business Phone				Mobile Phone				
	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																		
P R O P E R T Y	Code <i>IO</i>	Name (Last, First, Middle) <i>BLACKMON, LASHAUNDA PATRICE</i>										Victim of Crime #		DOB / Age <i>40</i>		Race <i>B</i>		Sex <i>F</i>	
	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>17</i>	<i>7</i>	<i>\$30.00</i>		<i>2</i>	<i>NECKLACES</i>												
	<i>1</i>	<i>26</i>	<i>7</i>	<i>\$150.00</i>		<i>1</i>	<i>STEREO EQUIPMENT</i>												
Number of Vehicles Stolen <i>0</i> Number Vehicles Recovered <i>0</i>																			
ID	Officer <i>ANTAL, K. A. (A5231)</i>				ID#		Officer Signature					Supervisor Signature <i>JONES, W. B. (J5116)</i>							
	Complainant Signature						Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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								
Status						Page 1													