

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2024-001276</i>				
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>04 01 2024 18:33</i> Hrs.				
	#1	Crime Incident(s) <i>All Other Larceny</i>					<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		At Found Month Day Yr Time <i>04 01 2024 18:33</i> Hrs			Last Known Secure Month Day Yr Time <i>04 01 2024 18:32</i> Hrs.					
	#2	Crime Incident					<input type="checkbox"/> Att <input type="checkbox"/> Com		Location of Incident <i>410 Round Meadow 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>Unknown Offender Stole Bicycle.</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 checked="" 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>JOHNSON, JEFFERY</i>					Victim of Crime # <i>1,</i>		DOB / Age <i>58</i>		Race <i>B</i>	Sex <i>M</i>	Relationship To Offender <i>IRU</i>	Resident Status <input type="checkbox"/> Resident <input checked="" 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>IO</i>	Name (Last, First, Middle) <i>JUVENILE</i>										Victim of Crime #		DOB / Age <i>/ /</i>		Race <i>W</i>	Sex <i>M</i>
	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>04</i>	<i>7</i>	<i>\$300.00</i>		<i>1</i>	<i>BICYCLES</i>					<i>MAGNA/Excitor</i>					
	Number of Vehicles Stolen <i>0</i>										Number Vehicles Recovered <i>0</i>						
ID	Officer <i>COLLINS, Z. A. (C5241)</i>				ID#		Officer Signature					Supervisor Signature <i>SANCHEZ, F. L. (S5186)</i>					
Status	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					Page 1	