

I N C I D E N T  D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2024-001318</i>						
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>04   05   2024   10:59</i> Hrs.		S M T W T F S <i>S M T W T F S</i>				
	#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   05   2024   10:59</i> Hrs				Last Known Secure Month Day Yr Time <i>04   05   2024   10:58</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>718 Corjon Rd, 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>Two Subjects Caught In The Act Of Stealing Water From A Fire Hydrant.a</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 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>WINSTON SALEM WATER AND SEWER</i>				Victim of Crime # <i>I,</i>		DOB / Age		Race		Sex		Relationship To Offender		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				
	CODES: V - Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																		
O T H E R  I N V O L V E D	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>77</i>	<i>7</i>	<i>\$1.00</i>		<i>1</i>	<i>WATER</i>												
	<i>1</i>	<i>36</i>	<i>EVID</i>	<i>\$200.00</i>		<i>1</i>	<i>HYDRANT WRENCH</i>												
Number of Vehicles Stolen <i>0</i> Number Vehicles Recovered <i>0</i>																			
ID	Officer <i>MARTIN, C. E. (M5244)</i>				ID#				Officer Signature				Supervisor Signature <i>JONES, W. B. (J5116)</i>						
Status	Complainant Signature					Case Status <input checked="" type="checkbox"/> Further Investigation <input 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					Page 1			