

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2024-001328</i>				
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>04 06 2024 12:42</i> Hrs.				
	#1	Crime Incident(s) <i>Vandalism/damage To Property</i>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 06 2024 11:42</i> Hrs				Last Known Secure Month Day Yr Time <i>04 06 2024 11:41</i> Hrs.						
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>1014 Grays Land Ct Apt. 622, Kernersville NC</i>								Offense Tract <i>Z4</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>Vehicle Keyed</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 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, BROOKE ANNMARIE</i>				Victim of Crime # <i>1,</i>		DOB / Age <i>31</i>		Race <i>B</i>	Sex <i>F</i>	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown				
	Home Address										Home Phone						
	Employer Name/Address								Business Phone		Mobile Phone						
	VYR <i>2016</i>	Make <i>KIA</i>	Model <i>FORTE LX</i>	Style <i>4S</i>	Color <i>BLK</i>	Lic/Lis <i>KHS8655, NC</i>		Vin <i>KNAFX4A66G5541533</i>									
O T H E R S 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 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>PCA</i>	<i>4</i>	<i>\$200.00</i>		<i>1</i>	<i>2016 BLK, KHS8655 NC</i>				<i>KIA Forte Lx</i>		<i>KNAFX4A66G5541533</i>				
Number of Vehicles Stolen		<i>0</i>		Number Vehicles Recovered		<i>0</i>											
ID	Officer <i>CAMPBELL, C. C. (C5247)</i>				ID#		Officer Signature				Supervisor Signature <i>JONES, W. B. (J5116)</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				