

Agency Name <div>KERNERSVILLE POLICE</div>						INCIDENT/INVESTIGATION REPORT								OCA 2024-001409						
ORI NC 0340100														Date / Time Reported Month Day Yr Time 04 11 2024 21:32 Hrs.						
#1	Crime Incident(s) All Other Fraud					<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 11 2024 21:32 Hrs				Last Known Secure Month Day Yr Time 04 11 2024 21:31 Hrs.									
#2	Crime Incident					<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 340 N Main St, Kernersville NC 27284							Offense Tract Z2						
#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								
How Attacked or Committed Fraud											Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Weapon / Tools						
# of Victims 1		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) WALGREENS						Victim of Crime # I,		DOB / Age		Race	Sex	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	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)																				
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	Name (Last, First, Middle) RP SCOTT, STEPHEN JERROD											Victim of Crime #		DOB / Age 30		Race	Sex			
Home Address															B	M				
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																				
Employer Name/Address									Business Phone			Mobile Phone								
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)																				
Victim #	DCI	Status	Value	OJ	QTY	Property Description					Make/Model			Serial Number						
I	20	7	\$241.89		I	MONEY (CASH)														
Number of Vehicles Stolen		0		Number Vehicles Recovered		0														
Officer COX, D. K. (C5207)					ID#	Officer Signature					Supervisor Signature HARMEL, A. J. (H5176)									
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									
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