I N	Agency	y Name		ERNERSVILI	LE P	OLICE	INCIDENT/INVESTIGATION							OCA 2024-001464							
C I	ORI	NC	034010	200	7	REPORT							Date/Time Reported SMTWTFS Month Day Yr Time 04   15   2024   17:24 Hrs.								
D E			cident(s			☐ Att					ΙΤW	T F S	Last		15 vn Secu Day		M T	WTFS			
N T	#1		dalism/damag	ty	ZX (	Com	04	1	!5 <sup>*</sup>   2024		ime 7:24  Hrs			_	2024		3  Hrs.				
D A	#2	rime li	ncident					☐ Att Location of Incident ☐ Com 400 Holt St - BLK, Kernersvil							Ule NC 27284 Offense Tract						
T A	#3	Crime I	ncident					Att Premise Type							Victim Residence Type						
71	How A	ttacked	l or Com	mitted										Forcible						ıltı Famıly	
МО	Vand	alism											☐ Yes [ ☐ No	X N/A	· ·						
v	# of V	ictims	Туре	N Person		Business		Injury None Minor						Loss		th 1	Drug/Alcohol Use:				
	1		_	ciety 🔲 Governi igious 🔲 L.E. C		_		_						Severe Lacerations				No □N/A			
I C	Victim/Business Name (Last, First, Middle)									Victim of Crime #			DOI	OB / Age Race S			Relati To Of	elationship o Offender  Resident Status  Resident			
T I	V1 ACEVEDO, SILVINO ECHEVERRIA											1,		32	W	M			□No	n-Resident known	
М	Home	Addre	ss											Hon			ne Pho	e Phone			
	Emplo	yer Na	ress								Business Phone				Mobile Phone						
	VYR	Ma	ake	Model	Lic	/Lis			ı	Vin											
	CODE	SS: V	Victim	(Denote V2, V3)		Owner (if	other than vict	im)			na D	Person (if ot	her th	an victim)							
O T		: 🗆 Pe	erson 🗆	Business   Soci														Unknov			
	Code	Nam	ie (Last,	First, Middle)											Victim of   DOB / Age   Race   Sex						
H E	Home	Addres	26														Ho	me Pho	ne		
R S	Home Address Home Phone																				
I	Employer Name/Address Business Phone															Mo	obile Ph	one			
N V	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of																			Race Sex	
O L	Code Name (Last, First, Middle)  Victim of Crime # DOB / Age Race Some Race															Race Sca					
V E	Home Address														Hon				me Phone		
D	Emplo	ver Na	me/Add	ess				Business F						Business Ph	hone Mobile Phone						
	Employer Name/Address  Business Phone  Mobile Phone  L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																				
Status Codes	L = Lo (Checl	ost S k "OJ"	= Stolen column	R = Recovered for ot	D = her ju	Damageo risdiction)	d Z = Seized	B =	Burne	ed C=	Cot	unterfeit / F	orged	F = Found	d						
P R O	Victim #	DCI	Status				Descript	ion				Make/Model			Serial Number						
	1	23 4 \$100.00 1 CELLULAR PHONE / TELEPHONE																			
P E																					
R T Y		+ + + + + + + + + + + + + + + + + + + +																			
Y																					
ļ	Nonel	£ X/	-1-:-1 6	(t-1 o	NI	37-1	-:-1 D	.1	0												
	Officer																				
ID			K. (C52 Signatur					HARMEL, A. J. (H5176)  Case Status  Case Disposition:													
Status	•						☐ Inact	☐ Further Investigation ☐ Unfounded ☐ Located ☐ Inactive ☐ Cleared by Arrest ☐ Refu							Extradition Declined se to Cooperate						
							☐ Closed			austed		Cleared		rest by And	ther A	gency	n Decli		Pag	ge 1	