I N	Agency	/ Name		ERNERSVILI	LE P	OLICE	INCIDENT/INVESTIGATION							OCA 2024-001465						
C I	ORI	NC				REPORT						Date / Time Reported SMTWTFS								
D E	NC 0340100 Crime Incident(s)							X Att At Found SMT Month Day Yr					T F S	Day IF Time   O4   15   2024   20:53 H   Last Known Secure   S M T W T I   Month Day Yr Time					W T F S	
N T	#1			Money/proper	ty By	False I	Pretense	☐ Co	om M		15   2024		ime :53  Hrs			_	r —	Time 20:5		
D	#2	Crime In	ncident					☐ Att Location of Incident ☐ Com 418 N Main St, Kernersville						NC 27284 Offense Tract						
A T	#3	rime I	ncident					Att Premise Type					Sviiie 110	Victim Residence Type						
A		ttacked	l or Com	mitted			Com Forcible					Forcible	Single Family Multi Far					ulti Family		
МО				By False Prete	nse			☐ Yes ☐ No					☐ Yes	IX N/A						
	# of V	ictims		Person		Business		Injury None M				linor [		Drug/Alcohol Use:						
v	1		_	ciety 🔲 Governi igious 🔲 L.E. O		_	Financial Instit	-					☐ Severe	Lacera Other		- 1	☐ Yes ☐ Unknown ☐ No ☐ N/A			
I C				Name (Last, First	t, Mid	dle)		Victim of Crime #					OB / Age Race S				elationship o Offender  Resident Status  Resident			
T I	V1	DOL	LAR G	ENERAL			1,										□No	n-Residen		
М	Home	Addre	SS												Hon	ne Phone			ıknown	
	Employer Name/Address												Business Phone			Me	Mobile Phone			
	VYR	l Ma	ake	Model	LS	tyle	Color	Color   Lic/Lis				ı	Vin							
											D (:f4	1 41								
O T	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)  Type: ☑ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown																			
	Code RP			First, Middle) , <i>AMANDA N</i>	ICII	OLE									ctim o rime #	e#				
H E		Addres		, AMANDA M	СПС	<i></i>									Home Phone				$W \mid F$	
R S																				
I	Employer Name/Address Business Phone Mobile Phone																			
N V	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of D															☐ Other/Unknown im of   DOB / Age   Race   Sex				
O L	Code Name (Last, First, Middle)  Victim of Crime # DOB / Age Race S															Race Sca				
V E	Home	Addres	SS												Home Phone					
D	Emplo	ver Na	me/Add	ress				Business P						Phone Mobile Phone						
Status Codes				R = Recovered for other				$\mathbf{B} = \mathbf{B}$	urned	C = Cc	ounterfeit / F	orged	F = Foun	ıd						
	Victim #	DCI	Status	Value	OJ	QTY		Property Description							Make/Model			Serial Number		
	1	20	EVID	\$100.00		0	MONEY (CASH	ASH)												
P R O																				
P E R																				
T Y																				
1																				
ŀ	Numb	er of V	ehicles S	stolen 0	Nu	mber Veh	icles Recovere	ed 0												
ID	Officer			I	D#	moer ven	Officer Sig						Supervisor	Signat	ture	H5176	1			
ID			K. (C52 Signatur					HARMEL, A. J. (H5176)  Case Status  Case Disposition:										D " :		
Status							☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extradi ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate								dition	Declined				
								☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution Declined Page 1											ge 1	