

I N C I D E N T	<div>Agency Name<div>KERNERSVILLE POLICE</div></div>						<div>INCIDENT/INVESTIGATION REPORT</div>								<div>OCA<div>2024-001517</div></div>																				
	<div>ORI<div>NC 0340100</div></div>																							<div>Date / Time Reported<div>SMTWTFS</div><div>MonthDayYrTime</div><div>04   19   2024   09:47 Hrs.</div></div>											
	#1	<div>Crime Incident(s)<div>Auto Breaking &amp; Larceny</div></div>						<div><input type="checkbox"/> Att <input checked="" type="checkbox"/> Com</div>		<div>At Found<div>MonthDayYrTime</div><div>04   19   2024   09:47 Hrs.</div></div>				<div><div>SMTWTFS</div><div>Last Known Secure<div>MonthDayYrTime</div><div>04   18   2024   22:00 Hrs.</div></div></div>																					
	#2	<div>Crime Incident</div>						<div><input type="checkbox"/> Att <input type="checkbox"/> Com</div>		<div>Location of Incident<div>639 E Mountain St, Kernersville NC 27284</div></div>										<div>Offense Tract<div>Z2</div></div>															
	#3	<div>Crime Incident</div>						<div><input type="checkbox"/> Att <input type="checkbox"/> Com</div>		<div>Premise Type</div>								<div>Victim Residence Type<div><input type="checkbox"/> Single Family<input type="checkbox"/> Multi Family</div></div>																	
	MO	<div>How Attacked or Committed<div>Auto Breaking And Entering</div></div>												<div>Forcible<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No</div></div>				<div>Weapon / Tools</div>																	
V I C T I M	<div># of Victims<div>I</div></div>		<div>Type<div><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</div></div>						<div>Injury<div><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</div></div>						<div>Drug/Alcohol Use:<div><input type="checkbox"/> Yes<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No<input type="checkbox"/> N/A</div></div>																				
	V1	<div>Victim/Business Name (Last, First, Middle)<div>WINGATE, ROBERT CHARLES</div></div>							<div>Victim of Crime #<div>I</div></div>		<div>DOB / Age<div>68</div></div>		<div>Race<div>W</div></div>	<div>Sex<div>M</div></div>	<div>Relationship To Offender</div>	<div>Resident Status<div><input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown</div></div>																			
	<div>Home Address</div>												<div>Home Phone</div>																						
	<div>Employer Name/Address</div>												<div>Business Phone</div>				<div>Mobile Phone</div>																		
	VYR	Make	Model	Style	Color	Lic/Lis	Vin																												
	2004	WINN	RV	HC		VCH1193, NC	4UZAAHAK83CM30079																												
O T H E R S	<div>CODES: V - Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)</div>																																		
	<div>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</div>																																		
	Code	<div>Name (Last, First, Middle)<div>RPJOHNSON, KEVIN LEROY</div></div>										<div>Victim of Crime #</div>		<div>DOB / Age<div>61</div></div>		<div>Race<div>W</div></div>	<div>Sex<div>M</div></div>																		
	<div>Home Address</div>												<div>Home Phone</div>																						
	<div>Employer Name/Address</div>												<div>Business Phone</div>				<div>Mobile Phone</div>																		
	<div>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</div>																																		
	Code	<div>Name (Last, First, Middle)</div>										<div>Victim of Crime #</div>		<div>DOB / Age</div>		<div>Race</div>	<div>Sex</div>																		
	<div>Home Address</div>												<div>Home Phone</div>																						
I N V O L V E D	<div>Employer Name/Address</div>												<div>Business Phone</div>				<div>Mobile Phone</div>																		
Status Codes	<div>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)</div>																																		
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description							Make/Model				Serial Number																	
	I	74	7	\$400.00		I	TELESCOPE																												
	I	RV	TARG	\$0.00		I	2004 VCH1193 NC							WINN RV				4UZAAHAK83CM30079																	
<div>Number of Vehicles Stolen 0      Number Vehicles Recovered 0</div>																																			
ID	<div>Officer<div>CAMPBELL, C. C. (C5247)</div></div>						<div>ID#</div>						<div>Officer Signature</div>						<div>Supervisor Signature<div>JONES, W. B. (J5116)</div></div>																
Status	<div>Complainant Signature</div>						<div>Case Status<div><input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" type="checkbox"/> Closed/Leads Exhausted</div></div>						<div>Case Disposition:<div><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</div></div>										<div>Page 1</div>												