

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name KERNERSVILLE POLICE		OCA 2024-002522
	ORI NC 0340100	Date / Time Reported Month Day Yr Time 06 25 2024 07:16 Hrs.	
#1 #2 #3	Crime Incident(s) Shoplifting	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 06 25 2024 07:16 Hrs.
	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 101 Clayton Forest Rd, Kernersville NC 27284
	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type 101 Clayton Forest Rd, Kernersville NC 27284
			Last Known Secure Month Day Yr Time 06 25 2024 00:58 Hrs.
			Offense Tract Z4
			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO How Attacked or Committed The Suspect Distracted The Clerk With A Task And Then Left The Store With The Items.	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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V I C T I M	# 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) QUALITY MART #46 MART	Victim of Crime # 1,	DOB / Age 43
		Home Address	Race W	Sex F
		Employer Name/Address	Relationship To Offender <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
		VYR	Make	Model

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

O T H E R S I N V O L V E D	Code RP	Name (Last, First, Middle) RUBIN, LISA MARIE	Victim of Crime #	DOB / Age 43	Race W	Sex F
		Home Address				
		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

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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	02	7	\$16.49		1	MODELO ESPECIAL BEER (24PK)		
1	19	7	\$3.99		1	FRAZIL SLUSHY		
	PTR	SUSP	\$0.00		1	0 WHI,		

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID	Officer CAMPBELL, C. C. (C5247)	ID#	Officer Signature	Supervisor Signature JONES, W. B. (J5116)
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