

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT					OCA <i>2024-002531</i>		
	ORI <i>NC 0340100</i>							Date / Time Reported Month Day Yr Time <i>06 25 2024 19:38 Hrs.</i>		Last Known Secure Month Day Yr Time <i>06 24 2024 06:00 Hrs.</i>
D E T A I L	#1	Crime Incident(s) <i>Auto Breaking & Larceny</i>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time <i>06 25 2024 19:38 Hrs</i>		Location of Incident <i>738 Madison Place Cir, Kernersville NC 27284</i>		Offense Tract <i>Z2</i>		
	#2	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				
	#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com							
MO	How Attacked or Committed <i>Auto Breaking Or Entering</i>					Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools			
V I C T I M	# of Victims <i>1</i>	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	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) <i>LEPINO, MELANIE YAELIN</i>	Victim of Crime # <i>1,</i>	DOB / Age <i>22</i>	Race <i>W</i>	Sex <i>F</i>	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			
	<i>2008</i>	<i>HOND</i>	<i>CR-V EX</i>	<i>MP</i>	<i>GLD</i>	<i>KCF3087, NC</i>	<i>JHLRE38578C019636</i>			
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
	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						Home Phone			
	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									
I N V O L V E D	Code	Name (Last, First, Middle)					Victim of Crime #	DOB / Age	Race Sex	
	Home Address						Home Phone			
	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									
	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)									
	P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
<i>1</i>		<i>PCA</i>	<i>TARG</i>	<i>\$0.00</i>		<i>1</i>	<i>2008 GLD, KCF3087 NC</i>	<i>HOND Cr-v Ex</i>	<i>JHLRE38578C019636</i>	
Number of Vehicles Stolen		<i>0</i>		Number Vehicles Recovered		<i>0</i>				
ID	Officer <i>COX, D. K. (C5207)</i>			ID#			Officer Signature		Supervisor Signature <i>SANCHEZ, F. L. (S5186)</i>	
	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