													_								
I N	Agency	y Name	ĸ	ERNERSVIL	LE P	POLICI	$_{\rm E}$ IN	INCIDENT/INVESTIGATION							OCA 2024-002679						
C I	ORI				REPORT							Date / Time Reported S M T W T F S Month Day Yr Time									
D			034010									$07 \mid 05 \mid 2024 \mid 12$.									
E N	#1	rime li	ncident(s	·	. T.	ח				At Found Month	Day 'Yr]	T≟ S ime			ay Yr -	S M T Tim	e			
Т		rime I	van ncident	dalism/damag	e 10	Proper	ty		_	07 Location	05 2024 of Incident	4 12	2:30 Hrs	07	7 0.	5 2024	04:2		Hrs. ct		
D A	#2										elson St, Ke	erner	sville NC				Zl				
T A	#3 ^C	rime I	ncident							Premise T	ype					ictim Reside	•	-			
	How A	ttacke	l or Com	mitted				Com					Forcible	Single Fam	Single Family ☐ Multi Family on / Tools						
МО		On This Date And Time The Victim Reported 2 Unknown Suspects Spray Painted Graffiti Onto \Box No																			
	# of V		_	X Person	-	Business	-	. 1		Injury					Drug/Alcohol Use:						
	1			ciety 🔲 Govern		Financial Insti	nancial Institute 🛛 Broken Bones					□ Severe	Lacera	tions		□ Yes □ Unknown					
V I	Image:												Unconscious □ Other Major ⊠ No N/A DOB / Age Race Sex Relationship Resident S						tatus		
C T	/	Crime #												Ruce		To Offender		esider	nt		
Ι		DUN	<u>петт</u> ,		UDL	, I		1,						W	M			on-Re nknov			
М	Home	Addre	SS								II				Home	e Phone					
	Emplo	yer Na	me/Addi	ress									Business	Mobile	Mobile Phone						
		-	,			. 1							1 37								
	VYR Make Model Style Color Lic/Lis Vin																				
0	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			Business 🗋 Soci First, Middle)	ety _] Govern	ment 🗌 Fina	ncial Ins	stitut	e 🗆 Re	eligious 🗋 L	.E. O	ficer Line o	Vi	Duty Dother/Unknown Victim of DOB / Age Race Set						
T H															rime #						
E R	Home	Addre	ss													Home Ph	one	Ĺ	<u> </u>		
S	Emple	Nor No	me/Addi	****								11	Business Ph	one		Mobile Pl	2029				
Ι	Empic	iyer îna	me/Auu	1055									Jusiness I in	Noone Thore							
Ν				Business 🗖 Socie	ety 🗖	Governm	ment 🗖 Finan	icial Inst	titute	e 🗆 Rel	igious 🗖 L.	E. Off	icer Line of								
V O	Code	Nan	ie (Last,	First, Middle)											ctim of rime #	f DOB / Age Race Sex			s Sex		
L V	Home	A .1.1														Home Ph	one				
E D	Home	Addre	SS														JIC				
D	Emplo	yer Na	me/Addi	ress									Business Phone			Mobile Phone					
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Foun																				
Codes	(Chec	k "OJ"	column i	if recovered for ot	her ju	risdiction)														
	#							Property Description						Make/Mode				el Serial Number			
P R O	1	78	TRAILERS	AILERS																	
Р																					
E R																					
T Y																					
	Numb Officer		ehicles S	-	Nu D#	mber Ve	hicles Recover)				Supervisor	Signa	ure						
ID	LINI	DSAY,		(L5239)									<i>МС</i> КАЕ, С. А. (<i>M</i> 5192)								
Status	Compl	amant	Signature	е			☐ Furthe	Case Status Case Disposition:						□ Located □ Extradition Declined							
							Close								Arrest Refuse to Cooperate Arrest by Another Agency						