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Agency Name  
**KERNERSVILLE POLICE**

## INCIDENT/INVESTIGATION REPORT

ORI  
**NC 0340100**

OCA  
**2024-002772**

Date / Time Reported  
 Month Day Yr Time  
**07 | 12 | 2024 | 21:37 Hrs.**

#1	Crime Incident(s) <b>Shoplifting</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure	Month	Day	Yr	Time	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	<b>07</b>	<b>12</b>	<b>2024</b>	<b>21:37</b>	<b>Hrs.</b>	<b>07</b>	<b>12</b>	<b>2024</b>	<b>21:36</b>	<b>Hrs.</b>		

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>145 Harmon Creek Rd, Kernersville NC 27284</b>								Offense Tract <b>Z3</b>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type								Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO	How Attacked or Committed <i>On This Date, I Received An Anonymous Tip That A Subject Had Concealed A Dewalt Drill On</i>	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 <b>1</b>	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) <b>LOWES HOME IMPROVEMENT</b>	Victim of Crime # <b>1,</b>	DOB / Age	Race	Sex	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

O T H E R S  I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) 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								
	Code	Name (Last, First, Middle) <b>IO VARGO, GEORGE EARL</b>	Victim of Crime #	DOB / Age <b>48</b>	Race <b>W</b>	Sex <b>M</b>	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								
	Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Home Address		Home Phone
	Employer Name/Address						Business Phone	Mobile Phone	

**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
<b>1</b>	<b>36</b>	<b>7,5</b>	<b>\$179.99</b>		<b>1</b>	<b>DRILL</b>	<b>DEWALT</b>	
<b>1</b>	<b>36</b>	<b>5</b>	<b>\$179.99</b>		<b>1</b>	<b>DRILL</b>	<b>DEWALT</b>	

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

ID	Officer <b>BROWN, C. D. (B5211)</b>	ID#	Officer Signature	Supervisor Signature <b>JOHNSON, S. P. (J5175)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input 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
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