

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T  D A T A	Agency Name <b>KERNERSVILLE POLICE</b>	<b>INCIDENT/INVESTIGATION REPORT</b>				OCA <b>2024-002778</b>					
	ORI <b>NC 0340100</b>					Date / Time Reported Month Day Yr Time <b>07   13   2024   10:19 Hrs.</b>		S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
#1  #2  #3	Crime Incident(s) <b>Larceny Of Automobile</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>07   13   2024   10:00 Hrs</b>		S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Last Known Secure Month Day Yr Time <b>07   13   2024   01:00 Hrs.</b>		S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>424 Lyons Path Ct, Kernersville NC 27284</b>				Offense Tract <b>Z3</b>				
	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				
MO	How Attacked or Committed <b>Victims Vehicle Was Stolen.</b>					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 <b>1</b>	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) <b>CORLEY, KYAN DONOVAN</b>			Victim of Crime # <b>1,</b>	DOB / Age <b>21</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender <b>IRU</b>	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 <b>2015</b>	Make <b>KIA</b>	Model <b>FORTE LX</b>	Style <b>4S</b>	Color <b>BLK</b>	Lic/Lis <b>TJY3264, NC</b>	Vin <b>KNAFK4A66F5380596</b>				
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 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		
P R O P E R T Y	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)									
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description		Make/Model	Serial Number	
		36	EVID	\$10.00		1	TOOLS - POWER & HAND				
	1	PCA	7,5	\$20,000.00		1	2015 BLK, TJY3264 NC		KIA Forte Lx	KNAFK4A66F5380596	
	1	PCA	5	\$20,000.00		1	2015 BLK, TJY3264 NC		KIA Forte Lx	KNAFK4A66F5380596	
	Number of Vehicles Stolen		<b>1</b>		Number Vehicles Recovered		<b>1</b>				
ID	Officer <b>GORDON, D. L. (G5149)</b>			ID#			Officer Signature			Supervisor Signature <b>MARION, D. R. (M5107)</b>	
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