

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name KERNERSVILLE POLICE		OCA 2024-002817	
	ORI NC 0340100		Date / Time Reported Month Day Yr S M T W T F S 07 15 2024 21:11 Hrs.	
	#1	Crime Incident(s) Shoplifting	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr S M T W T F S 07 15 2024 21:11 Hrs.
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 224 Harmon Creek Rd, Kernersville NC 27284	
#3	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

M O	How Attacked or Committed On This Date, I Assisted With A Vehicle Stop That Led To A Shoplifting Investigation.	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		
	Victim/Business Name (Last, First, Middle) V1 KOHLS		Victim of Crime # 1,	DOB / Age		
	Home Address		Home Phone			
	Employer Name/Address		Business Phone	Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis

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			

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	06	7,5	\$1,390.02		1	CHILDREN'S CLOTHING		
1	06	5	\$1,390.02		1	CHILDREN'S CLOTHING		
	PCA	SUSP	\$0.00		1	2015 SIL, KMD2226 NC	CHRY 200 Limited	1C3CCAB0FN553981

P R O P E R T Y	Number of Vehicles Stolen 0 Number Vehicles Recovered 0	
	ID	Officer Signature
S T A T U S	Complainant Signature	Supervisor 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