INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name: *KERNERSVILLE POLICE*
ORI: *NC 0340100*
OCA: *2024-002836*
Date / Time Reported: Month *07* Day *17* Yr *2024* Time *11:36* Hrs.

	Crime Incident(s)		At Found	Last Known Secure
#1	*Abandoned Vehicle*	☐ Att ☒ Com	Month *07* Day *17* Yr *2024* Time *11:36* Hrs.	Month *07* Day *17* Yr *2024* Time *11:35* Hrs.
#2	Crime Incident	☐ Att ☐ Com	Location of Incident: *1500 Teague Ln/old Salem Rd, Kernersville NC*	Offense Tract: *Z4*
#3	Crime Incident	☐ Att ☐ Com	Premise Type	Victim Residence Type: ☐ Single Family ☐ Multi Family

MO

How Attacked or Committed: *Abandoned Vehicle.*
Forcible: ☐ Yes ☒ N/A ☐ No
Weapon / Tools:

VICTIM

# of Victims: *0*
Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown
Injury: ☐ None ☐ Minor ☐ Loss of Teeth ☐ Broken Bones ☐ Severe Lacerations ☐ Internal ☐ Unconscious ☐ Other Major
Drug/Alcohol Use: ☐ Yes ☐ Unknown ☐ No ☐ N/A

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
V1							☐ Resident ☐ Non-Resident ☐ Unknown

Home Address: | Home Phone:
Employer Name/Address: | Business Phone: | Mobile Phone:

VYR	Make	Model	Style	Color	Lic/Lis	Vin

OTHERS INVOLVED

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	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex
OW	*LOCKLEAR, WILLIAM JOSEPH*		*19*	*W*	*M*

Home Address: | Home Phone:
Employer Name/Address: | Business Phone: | Mobile Phone:

Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ 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:

PROPERTY

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
	SUV	*5*	*$0.00*		*1*	*2004 BRO , NC*	*GMC Yukon*	*1GKEK13Z74J258634*

Number of Vehicles Stolen *0* Number Vehicles Recovered *1*

ID

Officer: *CASE, T. N. (C5251)* ID#:
Officer Signature:
Supervisor Signature: *JOHNSON, S. P. (J5175)*

Status

Complainant Signature:
Case Status: ☐ Further Investigation ☒ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted
Case Disposition: ☐ Unfounded ☐ Located ☐ Extradition Declined ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Cleared by Arrest by Another Agency ☐ Death of Offender ☐ Prosecution Declined

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