

INCIDENT/INVESTIGATION REPORT

OCA 2024-004315

INCIDENT DATE

Agency Name
KERNERSVILLE POLICE

ORI
NC 0340100

Date / Time Reported

S	M	T	W	T	F	S
10	22	2024	13:50	Hrs.		

#1	Crime Incident(s) All Other Larceny	<input type="checkbox"/> Att	At Found	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr><tr><td>10</td><td>22</td><td>2024</td><td>10:00</td><td>Hrs.</td><td></td><td></td></tr></table>	S	M	T	W	T	F	S	10	22	2024	10:00	Hrs.			Last Known Secure	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr><tr><td>10</td><td>18</td><td>2024</td><td>17:00</td><td>Hrs.</td><td></td><td></td></tr></table>	S	M	T	W	T	F	S	10	18	2024	17:00	Hrs.		
	S	M	T	W	T	F	S																											
	10	22	2024	10:00	Hrs.																													
S	M	T	W	T	F	S																												
10	18	2024	17:00	Hrs.																														
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract Z1																												
		<input type="checkbox"/> Com	330 W Bodenhamer St, Kernersville NC 27284																															
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family																													

MO How Attacked or Committed: **Items Stolen From Grave Site.** Forcible: Yes N/A No. Weapon / Tools:

VICTIM # of Victims: **1** 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.

V1 Victim/Business Name (Last, First, Middle): **CONWAY, TYLER MARIE** Victim of Crime #: **I,** DOB / Age: **31** Race: **W** Sex: **F** Relationship To Offender: **[Blank]** Resident Status: Resident Non-Resident Unknown.

Home Address: [Blank] Home Phone: [Blank]

Employer Name/Address: [Blank] Business Phone: [Blank] Mobile Phone: [Blank]

VYR: [Blank] Make: [Blank] Model: [Blank] Style: [Blank] Color: [Blank] Lic/Lis: [Blank] Vin: [Blank]

OTHERS 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
[Blank]	[Blank]	[Blank]	[Blank]	[Blank]	[Blank]
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
[Blank]	[Blank]	[Blank]	[Blank]	[Blank]	[Blank]
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
I	77	7	\$30.00		1	FLOWERS		
I	77	7	\$18.00		1	PUMPKIN		
I	77	7	\$2.00		1	BALLOONS		

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

ID	Officer MCRAE, C. A. (M5192)	Officer Signature MCRAE, C. A. (M5192)	Supervisor Signature MCRAE, C. A. (M5192)
	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
Status	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		