

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name KERNERSVILLE POLICE	OCA 2024-004381	Date / Time Reported								
	ORI NC 0340100		Month	Day	Yr	Time					
#1	Crime Incident(s) Equipment/paraphernalia Possessing/concealing	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found				Last Known Secure				
			Month	Day	Yr	Time	Month	Day	Yr	Time	
			10	26	2024	23:22	Hrs	10	26	2024	23:21
#2	Crime Incident Trespassing	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 1406 Heartland Dr, Kernersville NC 27284							Offense Tract Z4	
	#3	Crime Incident Escape From Custody/resist/delay An Officer	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type				Victim Residence Type			
						<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family					

MO	How Attacked or Committed Subject Arrested For Trespassing And Rdo	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 2	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) SLEEP INN			Victim of Crime # 2	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	
VYR	Make	Model	Style	Color	Lic/Lis	Vin				

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 checked="" 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) VI 2 Society/State				Victim of Crime # 1,3	DOB / Age //	Race	Sex		
	Home Address							Home Phone			
	Employer Name/Address					Business Phone		Mobile Phone			
	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) RP PATEL, SAMIRKUMAR SURESHBHAJ				Victim of Crime #	DOB / Age 42	Race W	Sex M			
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
2	11	6	\$1.00		1	GLASS SMOKING PIPE		

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

ID	Officer AMMONS, D. L. (A5252)	ID#	Officer Signature	Supervisor Signature WHITAKER, B. K. (W5103)
	Status	Complainant Signature		Case Status
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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	