I N	Agency	y Name		ERNERSVIL	LE P	POLICE	INCIDENT/INVESTIGATION							OCA 2024-004397					
C I	ORI	NC	034010		7	REPORT						Date / Time Reported SMTWTFS							
D E	С		ncident(s			 					TFS ime	10   28   2024   10:03 Hrs.   Last Known Secure   SMT WTFS							
N T	#1		Van	dalism/damag	$\nabla$ Com 10   28   2024   0						Fime   Month Day Yr Time   9:30   Hrs   10   25   2024   12:00								
D	#2	Crime I	ncident					☐ Att   Location of Incident ☐ Com   118 Burke St, Kernersville N						C 27284 Offense Tract					
A T	#3	Crime I	ncident					Att Premise Type						Victim Residence Type					
A		ttacke	l or Com	mitted				Com Forcible						☐ Single Family ☐ Multi Family  Weapon / Tools				Iulti Family	
МО					ed Ga	ıng Graf	fiti On The Si	i On The Side Of A Building.					Yes [	X N/A		.poii / 100.	.5		
V	# of V	ictims	Type	☐ Person	_	Business								Loss	of Teetl	h Drug	Drug/Alcohol Use:		
	1		_	ciety 🔲 Governi ligious 🔲 L.E. O		_		nancial Institute Broken Bones  ty Other/Unknown Internal Unc					Severe		itions Major	-	☐ Yes ☐ Unknown ☐ No ☐ N/A		
I C	1	Victim/		Name (Last, First		, <u>u</u>						B / Age Race Sex			Relationship Resident Status To Offender Resident				
T I	V1	SER	/A, JO	HN MICHAEL			l,					48	W	M	1ST	_ ⊠N	on-Resident		
M	Home	Addre	ss					1,						"	$\perp$	e Phone		nknown	
	Emplo	yer Na	me/Add	ress									Business Phone			Mob	Mobile Phone		
	VYR	LM	ake	Model	1 6	tulo	l Color	Color   Lic/Lis					Vin						
						tyle													
O T	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			First, Middle)		•								Victim of Crime #   DOB / Age   Race   Sex					
H E																			
R S	Home	Addre	SS													Home	Phone		
	Employer Name/Address Business Phone Mobile Phone																		
I N	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																		
V O															ctim of rime #	DOB /	Age	Race Sex	
L V	Home	Addre	88													Home Phone			
E D																			
	Emplo	yer Na	me/Add	ress									Business Ph	one		Mobile Phone			
Status Codes				R = Recovered if recovered for other				$\mathbf{B} = \mathbf{B}\mathbf{u}$	ırned	C = Cc	ounterfeit / F	orged	F = Foun	d					
-	Victim #		Status	Value	OJ	QTY	<u>,                                      </u>	Property Description						Mal	ke/Mod	lel	Serial Number		
	1	35	4	\$1,800.00	ALUMINUM SI	LUMINUM SIDING													
P		+ + + + + + + + + + + + + + + + + + + +																	
R O																			
P E																			
R T																			
Y																			
	Numb Officer		ehicles S	-	Nu D#	mber Vel	oricles Recovere					-	Supervisor	Signet	ure				
ID	COL	LINS		(C5220)	υπ			JONES, W. B. (J5116)											
Status	Compl	aınant	Signatur	e			☐ Furthe	Case Status  Case Disposition:  Unfounded  Located  Extradition Declined											
							Closed	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution Declined							D.	nge 1			
							I IXI CIOSEO	/Leaus E	zxnau	steu	L Death o	и Опе	nuer	rrose	cuuon	Decimed	r	igu i	