

I N C I D E N T D A T A	Agency Name KERNERSVILLE POLICE		INCIDENT/INVESTIGATION REPORT				OCA 2024-004670					
	ORI NC 0340100		Date / Time Reported Month Day Yr Time 11 16 2024 15:10 Hrs.		S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
D A T A	#1	Crime Incident(s) Vandalism/damage To Property	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 11 16 2024 13:30 Hrs	S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Last Known Secure Month Day Yr Time 11 16 2024 12:00 Hrs.					
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 930 S Main St - B, Kernersville NC 27284			Offense Tract Z3					
	#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						
MO	How Attacked or Committed Unknown Offender Used A Pointed Object Or Key To Damage A Vehicle.						Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools			
V I C T I M	# of Victims	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			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) GRAVLEY, MIRANDA SMITH			Victim of Crime # 1,	DOB / Age 44	Race W	Sex F	Relationship To Offender IRU	Resident Status <input type="checkbox"/> Resident <input checked="" 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					
2016	CHEV	COLORADO	TK	WHI	LDR9051, NC	1GCGSCE36G1320960						
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 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			
P R O P E R T Y	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)											
S T A T U S	Victim #	DCI	Status	Value	OJ	QTY	Property Description			Make/Model	Serial Number	
	1	PTR	4	\$500.00		1	2016 WHI, LDR9051 NC			CHEV Colorado Lt	1GCGSCE36G1320960	
Number of Vehicles Stolen		0		Number Vehicles Recovered		0						
ID	Officer GORDON, D. L. (G5149)			ID#			Officer Signature			Supervisor Signature JONES, W. B. (J5116)		
Status	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			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		
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