

INCIDENT/INVESTIGATION REPORT

Agency Name
KERNERSVILLE POLICE

ORI
NC 0340100

OCA
2024-004759

Date / Time Reported
Month Day Yr Time
11 | 22 | 2024 | 08:04 Hrs.

I N C I D E N T D A T A	#1	Crime Incident(s) Auto Breaking & Larceny	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 11 22 2024 08:04 Hrs	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 11 22 2024 01:30 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
	#2	Crime Incident Vandalism/damage To Property	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 1544 Old Greensboro Rd, Kernersville NC 27284	Offense Tract Z2		
	#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
Auto B&e.

Forcible
 Yes N/A
 No

Weapon / Tools

V I C T I M	# of Victims 1	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) HILL, DELVIN TREMAIN	Victim of Crime # 1,2	DOB / Age 20	Race B	Sex M	Relationship To Offender	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 **2022** Make **DODG** Model **CHARGER** Style **E:** Color **RED/BLK** Lic/Lis **VPH645, SC** Vin **2C3CDXGJ6NH136536**

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

O T H E R S I N V O L V E D	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 IO Name (Last, First, Middle) HEGE, JOSHUA DAVID	Victim of Crime #	DOB / Age 42	Race W	Sex M
	Home Address				Home Phone
	Employer Name/Address				Business 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

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
1	03	4	\$1,000.00		1	CAR WINDOW		
1	PCA	TARG	\$50,000.00		1	2022 RED /BLK VPH645 SC	DODG Charger	2C3CDXGJ6NH136536

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

ID	Officer EMFINGER, J. M. (E5240)	ID#	Officer Signature	Supervisor Signature MCRAE, C. A. (M5192)
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