I N	Agenc	y Name		ERNERSVIL	INCIDENT/INVESTIGATION							OCA 2024-004799								
C I	ORI	NC	034010	00	REPORT						Date / Time Reported SH TWTFs Month Day Yr Time 11 25 2024 13:14 Hrs.									
D E	0		ncident(s				Att At Found S M T W T F S							11 25 2024 13:14 Hrs. Last Known Secure Month SM T W T F S Month Day Yr Time T T T S						
N T	#1		Ha	ousebreaking I	Von H	Forcible		Con			Day Yr		lime 3:14 Hrs				Time 12:1	e	Hrs.	
D	#2	Crime I	ncident					🗆 Att		cation c	of Incident					0 2021	Offens	se Trac	ct	
А		Taiano L	naidant					Con			ibb Rd, Ke	erner	sville NC	2728		Viatim Dasid	Z3			
T A	#3	_rime I	ncident					Att Com Premise Type						Victim Residence Type Single Family Multi Family						
мо			d or Con										Forcible	N/A		apon / Tools				
	Subje	ects En	ntered Residence And Tool Shed																	
	# of V	ictims	Туре	X Person ciety □ Govern		Business	Zinanaial Instit	nancial Institute						□ Loss of Teeth Drug/Alcohol Use						
v	1			ligious 🔲 L.E. C									Severe	ere Lacerations \square Yes \square Unknown \square Other Major \square No \square N/A					UWII	
I C		Victim/	Business	Name (Last, Firs	t, Mid	dle)		Victim of DO					B / Age							
Т	V1	FRY,	ROBE	ERT KARL			Crime #						61			To Offende			nt esident	
I M							1,							W	M			nknov		
	Home	Home Address Home Phone Employer Name/Address Business Phone Mobile Phone																		
	Emplo	oyer Na	me/Add	ress									Business	Phone		Mobil	Mobile Phone			
	VYR Make Model Style Color Lic/Lis Vin												Vin							
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																			
O T	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: \square Person \square Business \square Society \square Government \square Financial Institute \square Religious \square L.E. Officer Line of Duty \square Other/Unknown																			
	Code			First, Middle)											ctim of ime #	f DOB / A	.ge 32	Race	e Sex	
Н																M				
E R	Home Address Home Phone																			
S	Employer Name/Address Business Phone Mobile Phone																			
I																				
N V	Type: Derson Business Sciety Government Financial Institute Religious L.E. Officer Line of Code Name (Last, First, Middle)															f DOB / A		Race	e Sex	
O L	ΙΟ			SON RAY										C	ime #		° 33		M	
v	Home Address Home Phone															W	M			
E D																				
	Employer Name/Address Business Phone Mobile I															'hone				
Status		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)																		
Codes	Victim				her jui	QTY														
	#	DCI	Status	Value	Property Description							Make/Model Serial Number					-			
Р																				
R O																				
P E																				
R																				
T Y																				
	Numb		ehicles S	-	Nu D#	mber Vehi	icles Recovere	-					Supervisor	Signer	ure					
ID	REE	CE, N	1. B. (F	R5230)	J#			MARI							or Signature ION, D. R. (M5107)					
	Comp	lainant	Signatur	e			☐ Furthe	Case Status Case Disposition:						□ Located □ Extradition Declined						
Status							□ Inac	□ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by A						□ Refuse to Cooperate						
							X Closed			sted	\square Death o					Declined	Pa	ige 1	_	