

**INCIDENT/INVESTIGATION REPORT**

I N C I D E N T D A T A	Agency Name <b>KERNERSVILLE POLICE</b>		OCA <b>2024-005023</b>		
	ORI <b>NC 0340100</b>		Date / Time Reported Month   Day   Yr   Time <b>12   09   2024   07:53 Hrs.</b>		
D E T A I L	#1	Crime Incident(s) <b>Burglary-forcible Entry</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month   Day   Yr   Time <b>12   09   2024   07:53 Hrs.</b>	Last Known Secure Month   Day   Yr   Time <b>12   07   2024   20:56 Hrs.</b>
	#2	Crime Incident <b>Vandalism/damage To Property</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>900 E Mountain St, Kernersville NC 27284</b>	
	#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 <b>One Abandoned Building Was Found To Have Been Entered By Prying Off The Plywood From</b>	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 <b>1</b>	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) <b>TOWN OF KERNERSVILLE</b>	Victim of Crime # <b>1,2</b>	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
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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 <b>IO</b>	Name (Last, First, Middle) <b>HAYES, STEPHANIE NICOLE</b>	Victim of Crime #	DOB / Age <b>41</b>	Race <b>B</b>	Sex <b>F</b>
	Home Address		Home Phone			
	Employer Name/Address		Business Phone	Mobile Phone		
	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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
<b>1</b>	<b>77</b>	<b>4</b>	<b>\$40.00</b>		<b>1</b>	<b>PLYWOOD</b>		

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

ID	Officer <b>MARTIN, C. E. (M5244)</b>	ID#	Officer Signature	Supervisor Signature <b>MARION, D. R. (M5107)</b>
	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