I N	Agency	y Name		ERNERSVIL	LE P		INCIDENT/INVESTIGATION						OCA 2024-005027						
C I	ORI						_	REPORT					Date / Time Reported S M T W T F S Month Day Yr Time						
D E			034010										<u>12 09 2024 10:11 Hrs</u>						
Ν	#1	rime n	ncident(s) Burglary-forc	iblai	Futm		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							y Yr —	Time	3		
Т	що С	rime I	ncident	Бигдиагу-јогс	ibie I	zniry		Image: Lx Com 12 09 2024 10:11 H □ Att Location of Incident						08		<u>22:2</u> Offense		Hrs. ct	
D A	#2		Van	dalism/damag	e To	Proper	ty	Com 1069 N Main St, Kernersville					C 272						
T A	#3 C	l'rime I	ncident					☐ Att Premise Type ☐ Com					Victim Residence Type ☐ Single Family ☐ Multi Family						
	How A	ttacke	d or Com	mitted				Forcible					e Weapon / Tools				ulu ra	anniy	
МО					e Doo	orknob A	And Then Prie	d Then Pried Open The Door With Rebar To				$\square Yes \square N/A$							
	# of V	ictims		Person		Business		Injury 🗋 None 🗋 Mino					Loss c	of Teeth	Drug/Alcohol Use:				
17	1			ciety 🗌 Govern			Financial Instit					Severe	Lacera Other		☐ Yes ☐ Unknown ⊠ No ☐ N/A				
V I	Image:														elationship	Resid		tatus	
C T	V1	HOL	T EXP	ERIENTIAL						Crime #		e	Race		o Offender				
I M										1,2							nknov		
141	Home	Addre	SS											Home	Phone				
	Emplo	yer Na	me/Addi	ress								Business Phone			Mobile Phone				
	VYR Make Model Style Color Lic/Lis											Vin							
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																		
				Business 🗆 Soci		· · ·		,	1 0			,	f Duty	🗆 Ot	ther/Unknow				
O T	Code Name (Last, First, Middle)													ctim of ime #	DOB / Age	\$ 55	Race	Sex	
H E	RP	CF	RISCUC	OLO, MICHAI	EL PI	ETER											W	M	
R S	Home Address Home Phone																		
5	Emplo	yer Na	me/Addi	ress							I	Business Pho	Phone Mobile Phone			one			
I N	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																		
v	Code			First, Middle)		Governi					L. OII		Vio	fictim of DOB / Age Race			Sex		
O L														iiiie #					
V E	Home	Addre	ss												Home Pho	ne			
D	Emplo	yer Na	me/Addi	ress								Business Phone			Mobile Phone				
Status Codes				R = Recovered if recovered for ot				B = Burn	ied $C = C$	ounterfeit / F	orged	F = Found	1						
	Victim # DCI Status Value OJ QTY							Property Description					Make/Model Serial Nu				ımber		
Р	1 1							OOR KNOB											
	1	77 4 \$100.00 3 WOODEN STORAGE CONTAINERS																	
R																			
O P																			
E R																			
T Y																			
1																			
	Numb Officer		ehicles S	-	Nu D#	mber Vel	hicles Recovere	-				Supervisor	Signat	ure					
ID	MAR	RTIN,		M5244)	D#			Officer Signature					Supervisor Signature MARION, D. R. (M5107)						
	Compl	ainant	Signature	e			☐ Furthe	Case Status Case Disposition:					ated		□ Extra	adition	Decl	ined	
Status							Closed	□ Inactive □ Cleared by Arress Closed/Cleared □ Cleared by Arress					Refuse to Cooperate						