

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name KERNERSVILLE POLICE	INCIDENT/INVESTIGATION REPORT			OCA 2024-005035				
	ORI NC 0340100				Date / Time Reported Month Day Yr Month Day Yr Time 12 09 2024 15:18 Hrs.				
#1 #2 #3	Crime Incident(s) Auto Breaking & Larceny	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 09 2024 14:00 Hrs.	Last Known Secure Month Day Yr Time 12 09 2024 03:30 Hrs.					
	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1106 Clyde Edgerton Dr, Kernersville NC 27284		Offense Tract Z4				
	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 Offender(s) Entered Vehicle And Removed Items.			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 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) BOST, TOBY DALE	Victim of Crime # 1,	DOB / Age 71	Race W	Sex M			
	Home Address			Relationship To Offender IRU	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown				
	Employer Name/Address			Home Phone	Business Phone				
	Employer Name/Address			Home Phone	Mobile Phone				
VYR	Make	Model	Style	Color	Lic/Lis	Vin			
2011	HOND	ODYSSEY	VN	WHI	VDB6129, NC	5FNRL5H63BB031493			
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	20	7	\$1.00		1	MONEY (CASH)		
	1	PCA	TARG	\$0.00		1	2011 WHI, VDB6129 NC	HOND Odyssey Exl	5FNRL5H63BB031493
Number of Vehicles Stolen 0 Number Vehicles Recovered 0									
ID	Officer GORDON, D. L. (G5149)			ID#	Officer Signature			Supervisor Signature JONES, W. B. (J5116)	
S T A T U S	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			
	Page 1								