

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2024-005177</i>				
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>12 18 2024 17:53</i> Hrs.				
	#1	Crime Incident(s) <i>All Other Larceny</i>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>12 18 2024 17:53</i> Hrs				Last Known Secure Month Day Yr Time <i>12 18 2024 17:52</i> Hrs.						
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>1757 Eastfall St, Kernersville NC 27284</i>								Offense Tract <i>Z4</i>		
#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 <i>Offender Stole A Bicycle.</i>										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 <i>1</i>	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) <i>TAYLOR, SHANNA NICOLE</i>				Victim of Crime # <i>1,</i>		DOB / Age <i>36</i>		Race <i>B</i>	Sex <i>F</i>	Relationship To Offender	Resident Status <input 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										
O T H E R 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				
	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)																
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description				Make/Model		Serial Number				
	<i>1</i>	<i>04</i>	<i>7</i>	<i>\$116.00</i>		<i>1</i>	<i>Bicycle</i>										
	Number of Vehicles Stolen <i>0</i>										Number Vehicles Recovered <i>0</i>						
ID	Officer <i>GILLESPIE, P. R. (G5225)</i>				ID#		Officer Signature				Supervisor Signature <i>HARMEI, A. J. (H5176)</i>						
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				Page 1			