

I N C I D E N T  D A T A	Agency Name <b>KERNERSVILLE POLICE</b>		<b>INCIDENT/INVESTIGATION REPORT</b>				OCA <b>2024-005211</b>			
	ORI <b>NC 0340100</b>		Date / Time Reported Month Day Yr Time <b>12   20   2024   07:42 Hrs.</b>		S M T W T F S <b>S</b>		Last Known Secure Month Day Yr Time <b>12   19   2024   16:00 Hrs.</b>			
D E T A I L	#1	Crime Incident(s) <b>Vandalism/damage To Property</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>12   20   2024   06:30 Hrs</b>	S M T W T F S <b>S</b>	Last Known Secure Month Day Yr Time <b>12   19   2024   16:00 Hrs.</b>				
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>118 Burke St, Kernersville NC 27284</b>			Offense Tract <b>Z2</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>Gang Graffiti Spray Painted On Building.</b>					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 <b>1</b>	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) <b>SERVA, JOHN MICHAEL</b>			Victim of Crime # <b>1,</b>	DOB / Age <b>48</b>	Race <b>W</b>	Sex <b>M</b>	Relationship To Offender <b>IRU</b>	
	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		
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)								
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
	<b>1</b>	<b>43</b>	<b>4</b>	<b>\$300.00</b>		<b>1</b>	<b>BUILDING SIDING</b>			
Number of Vehicles Stolen		<b>0</b>		Number Vehicles Recovered		<b>0</b>				
ID	Officer <b>MCRAE, C. A. (M5192)</b>	ID#	Officer Signature <b>MCRAE, C. A. (M5192)</b>				Supervisor Signature <b>MCRAE, C. A. (M5192)</b>			
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			