I N	Agency	Name		ERNERSVILI	LE P	OLICE	INCIDENT/INVESTIGATION							OCA 2024-005212						
C I	ORI	NC	034010	00			7	REPORT						Date / Time Reported SMTWTF Month Day Yr Time 12   20   2024   07:36 Hrs						
D E		rime Ir		1	☐ Att					T F S	Last		20   2 n Secure Day Y		МТ	W T	rs. FS			
N T	#1	#1 Theft From Building						□ Com 12   16   2024   00							2   1		024	Time 00:0	0  H	ırs.
D	#2	Crime I	ncident					Att Location of Incident Com 1165 Nc 66 S, Kernersville No						2728	4		C	offense Z4	Tract	
A T	#3	rime Iı	ncident					Att Premise Type					7,1110 110	Victim Residence Type						
A	How A	ttacked	l or Con	mitted				Com					Forcible	Single Family Multi Weapon / Tools					ulti Fa	mily
МО			Truck F					☐ Yes ☐ No					☐ Yes	IX N/A						
v	# of V	ictims		Person		Business		<u> </u>				_	Loss of Teeth Drug/A							
	1		_	ciety 🔲 Governi igious 🔲 L.E. O		_	Financial Instit Outy   Othe	-				☐ Severe		☐ Yes ☐ Unknown ☐ No ☐ N/A						
I C		/ictim/	Business	Name (Last, First	t, Mid	dle)	<del>-</del>						OB / Age Race Sex			Relation	Relationship Resident Status To Offender Resident			
T I	V1	ABF	FREIC	GHT												To one	☐ Non-Residen			
M	Home	Addre	ss								-,			1	Hom	Unknown e Phone				
	Emplo	yer Na	me/Add	ress									Business	Mo	Mobile Phone					
	VYR	I M	ake	Model	1 8	tyle	l Color	Color   Lic/Lis					Vin							
O T	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)  Type: ☑ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown															_				
	Code			First, Middle)										Victim of   DOB / Age 57   Ra				Race	Sex	
H E	RP			CR, TIMOTHY	RUS	H 									Home Phone					M
R S	Home	Addres	SS													Hom	e Phoi	ne		
	Employer Name/Address Business Phone Mobile Phone																			
I N	Type:				ty 🗀	Governn	nent	ial Inst	itute	☐ Reli	gious 🗆 L.	.E. Off	icer Line o	f Duty		ther/Un	knowr			
V O	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Otchin of Crime #															f DOB	DOB / Age Race Sex			
L V	Home	Addre	26													Home	e Phor	ne		
E D																				
	Emplo	yer Na	me/Add	ress								F	Business Ph	one		Mobi	le Pho	ne		
Status Codes				R = Recovered for ot				$\mathbf{B} = \mathbf{B}$	urned	C = Cc	ounterfeit / F	Forged	F = Foun	ıd						$\neg$
Codes	Victim #	DCI	Status	Value	OJ	QTY	<i>)</i>	Property Description							Make/Model			Serial Number		
	1	<u>"                                    </u>						UEL INJECTORS												
P R O																			_	
P E																				
R T																				
Y																				
																_				_
			ehicles S	-		mber Vel	nicles Recovere													
ID		INGE		1. (E5240)	D#		Officer Sig	Officer Signature Supervisor Signature MCRAE, C. A. (M5192)												
	Compl	ainant	Signatur	e			☐ Furthe	Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extradition Declined											ned	
Status				_ Inact	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to C ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency							se to Congency	poperate							
							☐ Closed			usted	Death o			ן Prose	cution	Decline	d	Pag	ge 1	