

INCIDENT/INVESTIGATION REPORT

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Agency Name
KERNERSVILLE POLICE

ORI
NC 0340100

OCA
2024-005218

Date / Time Reported
Month | Day | Yr | Time
12 | 20 | 2024 | 14:07 Hrs.

#1	Crime Incident(s) Theft From Building	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 20 2024 13:40 Hrs.	Last Known Secure Month Day Yr Time 12 20 2024 13:13 Hrs.	
	#2 Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1035 Beesons Field Dr, Kernersville NC 27284		Offense Tract Z4
	#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
Responded To A Larceny At Neighborhood Walmart, 1035 Beesons Field Dr. Complainant

Forcible
 Yes N/A No

Weapon / Tools

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of Victims **1** Type Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V1 Victim/Business Name (Last, First, Middle)
DALRYMPLE, DENNIS ALAN

Victim of Crime # **1,** DOB / Age **51** Race **W** Sex **M** Relationship To Offender
 Resident Status
 Resident
 Non-Resident
 Unknown

Home Address _____ Home Phone _____

Employer Name/Address _____ Business Phone _____ Mobile Phone _____

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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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	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)

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Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	02	7	\$13.96		1	ALCOHOLIC BEVERAGE	OAK LEAF	

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID	Officer HIGHFILL, S. N. (H5183)	ID#	Officer Signature	Supervisor Signature MCRAE, C. A. (M5192)
	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