

INCIDENT	Agency Name KERNERSVILLE POLICE		INCIDENT/INVESTIGATION REPORT				OCA 2024-005219			
	ORI NC 0340100		Date / Time Reported Month Day Yr Time 12 20 2024 14:32 Hrs.		S M T W T F S S M T W T F S		Last Known Secure Month Day Yr Time 12 06 2024 13:49 Hrs.			
DATA	#1	Crime Incident(s) All Other Larceny	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 12 2024 00:00 Hrs	S M T W T F S S M T W T F S		Offense Tract Z2			
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 328 Madison Place Cir, Kernersville NC 27284			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
	#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 Larceny Of Package At Front Door.				Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools			
VICTIM	# 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) GRANZIN, MAKENZIE ELIZE	Victim of Crime # 1,	DOB / Age 23	Race W	Sex F	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input checked="" 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			
OTHERS	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			
INVOLVED	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)									
PROPERTY	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
	1	06	7	\$113.00		6	CORSETS	CORSET STORY		
Number of Vehicles Stolen		0		Number Vehicles Recovered		0				
ID	Officer EMFINGER, J. M. (E5240)			ID#			Officer Signature			
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			Supervisor Signature MCRAE, C. A. (M5192)	
Status									Page 1	