| I<br>N          | Agency  | / Name   |           | ERNERSVILI                           | LE P        | OLICE      | INCIDENT/INVESTIGATION                |   |   |           |                |  |              | OCA 2025-001121  |                            |                             |   |               |                 |  |
|-----------------|---|----------|-----------|--------------------------------------|-------------|------------|---------------------------------------|---|---|-----------|----------------|--|--------------|--|----------------------------|-----------------------------|---|---------------|-----------------|--|
| C<br>I          | ORI   | NC       | 034010    | 200                                  |             |            | 1                                     | REPORT  |   |           |                |  |              | Date/Time Reported SMTWTFS Month Day Yr Time 03   31   2025   10:36 Hrs. |                            |                             |   |               |                 |  |
| D<br>E          | С   |          | cident(s  |                                      |             |            |                                       | <br>  Att   At Found  |   |           |                |  |              | 03<br>Last   |                            | 31   2<br>n Secure<br>Day Y |   | M T           | 36 Hrs.<br>VTFS |  |
| N<br>T          | #1  |          |           | dalism/damag                         | е То        | Proper     | ty                                    | _   | X Com 03   31   2025   10:36   Hrs 03   3 |           |                |  |              |  |                            |                             |   | Time<br>10:35 | Hrs.            |  |
| D               | #2  | Crime In | ncident   |                                      |             |            |                                       | ☐ Att   Location of Incident<br>☐ Com   355 Floyd Berrier Dr, Kerner  |   |           |                |  |              | offense Tract rsville NC 27284 Z2  |                            |                             |   |               |                 |  |
| A<br>T          | #3  | rime I   | ncident   |                                      |             |            |                                       | Att Premise Type  |   |           |                |  | Remers       | Victim Residence Type  |                            |                             |   |               |                 |  |
| A               |   | ttacker  | l or Com  | mitted                               |             |            |                                       | ☐ Com   |   |           |                |  | Forcible     | ☐ Single Family ☐ Multi F Weapon / Tools                                 |                            |                             |   |               | lti Family      |  |
| МО              |   |          | Garage    |                                      |             |            |                                       |   |   |           |                |  | ☐ Yes [      |  |                            |                             |   |               |                 |  |
| v               | # of V  | ictims   | Type      | □ Person                             |             | Business   |                                       | Injury None Min   |   |           |                | linor                                      | _            |  |                            |                             | Drug/Alcohol Use:                                   |               |                 |  |
|                 | 1   |          | _         | ciety 🔲 Governi<br>ligious 🔲 L.E. O  |             | _          | Financial Instit<br>Outy   \( \) Othe | -   |   |           |                |  | Severe       |  | ☐ Yes ☐ Unknown ☐ No ☐ N/A |                             |   |               |                 |  |
| I<br>C          |   | /ictim/  |           | Name (Last, First                    |             |            |                                       |   |   |           |                |  |              |  |                            | Relation                    | Relationship Resident Status Γο Offender X Resident |               |                 |  |
| T<br>I          | V1  | СНА      | PMAN      | , BRENDA LA                          |             |            | 1,                                    |   |   |           |                | 62   | W            | F  | To Office                  |                             | ☐ Noi   | n-Resident    |                 |  |
| M               | Home  | Addre    | ss        |                                      |             |            |                                       |   |   |           |                |  | ., -         |  |                            | ne Phone                    | Unknown Phone                                       |               |                 |  |
| -               | Emplo   | yer Na   | me/Add    | ress                                 |             |            |                                       |   |   |           |                |  | Business     | Mo   | Mobile Phone               |                             |   |               |                 |  |
|                 | VYR   | I M      | ake       | Model                                | 1 8         | tyle       | Color                                 | Color   Lic/Lis   |   |           |                |  | Vin          |  |                            |                             |   |               |                 |  |
|                 |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| O<br>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  | Nam      | e (Last,  | First, Middle)                       |             | -          |                                       |   |   |           |                | Victim of Crime #   DOB / Age   Race   Sex |              |  |                            |                             |   |               |                 |  |
| H<br>E          |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              | Home Phone   |                            |                             |   |               |                 |  |
| R<br>S          | Home  | Addres   | SS        |                                      |             |            |                                       |   |   |           |                |  |              |  | Hom                        | e Phor                      | ne  |               |                 |  |
| _               | Employer Name/Address Business Phone Mobile Phone   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| I<br>N          | Type:   |          |           | Business   Socie                     | ty 🗖        | Governn    | nent                                  | cial Inst   | itute                                     | □ Reli    | gious 🗆 L.     | E. Off                                     | icer Line of |  |                            | Other/Unknown               |   |               |                 |  |
| V<br>O          | Code Name (Last, First, Middle)   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  | ctim or                    |                             | / Age   |               | Race Sex        |  |
| L<br>V          | Home  | Addres   | ss        |                                      |             |            |                                       |   |   |           |                |  |              |  |                            | Home Phone                  |   |               |                 |  |
| E<br>D          |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
|                 | Emplo   | yer Na   | me/Add    | ress                                 |             |            |                                       |   |   |           |                | I  | Business Ph  | one  |                            | Mobile Phone                |   |               |                 |  |
| Status<br>Codes |   |          |           | R = Recovered if recovered for other |             |            |                                       | B = B   | urned                                     | 1  C = Cc | ounterfeit / F | orged                                      | F = Foun     | d  |                            |                             |   |               |                 |  |
|                 | Victim<br>#   | DCI      | Status    | Value                                | OJ          | QTY        | ,                                     | Property Description  |   |           |                |  |              |  | Make/Model                 |                             |   | Serial Number |                 |  |
|                 |   | 29       | 4         | \$2,000.00                           | GARAGE DOOR | ARAGE DOOR |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| P               |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| R<br>O          |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| P<br>E          |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| R<br>T          |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| Y               |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            | _                           |   |               |                 |  |
|                 |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
|                 |   |          |           |                                      |             |            |                                       |   |   |           |                |  |              |  |                            |                             |   |               |                 |  |
|                 | Numb  |          | ehicles S | -                                    | Nu<br>D#    | mber Vel   | nicles Recovere                       |   |   |           |                |  | Suparvice:   | Signet   | uro                        |                             |   |               |                 |  |
| ID              | CRA   | IN, N.   | A. (C.    | 5254)                                | <b>υ</b> #  |            |                                       | Officer Signature Supervisor Signature MARION, D. R. (M5107)  |   |           |                |  |              |  |                            |                             |   |               |                 |  |
| Status          | Compl   | ainant S | Signatur  | e                                    |             |            | ☐ Furthe                              | Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extradition Declined         |   |           |                |  |              |  |                            |                             |   |               | Declined        |  |
|                 |   |          |           |                                      |             |            | Closed                                | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency |   |           |                |  |              |  |                            | . 1                         |   |               |                 |  |
|                 |   |          |           |                                      |             |            |                                       | /Leads  | Exha                                      | usted     | ☐ Death o      | 1 Offe                                     | nder _       | Prose  | cution                     | Decline                     | 1   | Pag           | e i             |  |