

I N C I D E N T D A T A	Agency Name <i>KERNERSVILLE POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2025-001166</i>				
	ORI <i>NC 0340100</i>												Date / Time Reported Month Day Yr Time <i>04 01 2025 14:14</i> Hrs.				
	#1	Crime Incident(s) <i>All Traffic (except Dwi)</i>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 01 2025 14:14</i> Hrs				Last Known Secure Month Day Yr Time <i>04 01 2025 14:13</i> Hrs.						
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>1031 E Mountain St Apt. 318, Kernersville NC</i>								Offense Tract <i>Z2</i>		
#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 <i>By Driving Recklessly</i>										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 <i>1</i>	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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) <i>Society/state</i>				Victim of Crime # <i>I,</i>		DOB / Age		Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input 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									
O T H E R S 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 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																
	Code <i>IO</i>	Name (Last, First, Middle) <i>JERRETT, GRACE HESS</i>										Victim of Crime #		DOB / Age <i>69</i>		Race <i>W</i>	Sex <i>F</i>
	Home Address										Home Phone						
	Employer Name/Address								Business Phone		Mobile Phone						
	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																
Code <i>RP</i>	Name (Last, First, Middle) <i>WILLIAMS, KAYLA MARIE</i>										Victim of Crime # <i>1</i>		DOB / Age <i>29</i>		Race <i>B</i>	Sex <i>F</i>	
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				
		<i>PCA</i>	<i>SUSP</i>	<i>\$0.00</i>		<i>1</i>	<i>2018 SIL, JLX8898 NC</i>				<i>CHEV Cruz</i>						
	Number of Vehicles Stolen <i>0</i>				Number Vehicles Recovered <i>0</i>												
ID	Officer <i>JOHNSON, S. P. (J5175)</i>				ID#		Officer Signature				Supervisor Signature <i>JOHNSON, S. P. (J5175)</i>						
Status	Complainant Signature				Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input 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				Page 1				