

INCIDENT DATA

# INCIDENT/INVESTIGATION REPORT

OCA		2025-001187	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
04	03	2025	19:55 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
04	03	2025	19:35 Hrs.

Agency Name	<b>KERNERSVILLE POLICE</b>
ORI	NC 0340100

#1	Crime Incident(s)	<input type="checkbox"/> Att	At Found	S M T W T F S	
	<i>Shoplifting</i>	<input checked="" type="checkbox"/> Com	Month Day Yr Time		
			04   03   2025   19:55 Hrs		
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident		
		<input type="checkbox"/> Com	340 N Main St, Kernersville NC 27284		
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type		Victim Residence Type
		<input type="checkbox"/> Com			<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO	How Attacked or Committed	Forcible	Weapon / Tools
	<i>SHOPLIFTING/FAIL TO RING UP MERCHANDISE, SHOPLIFTING/PICKED UP MDSE AND</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	

VICTIM	# of Victims	Type	Injury	Drug/Alcohol Use:			
	1	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Business	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute	<input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major				
	V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender
	<i>WALGREENS</i>	<i>I,</i>					<input checked="" 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	

OTHERS INVOLVED	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	Name (Last, First, Middle)					Victim of Crime #	DOB / Age	Race	Sex
	RP	<i>SCOTT, STEPHEN JERROD</i>						31	B	M
	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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	19	7	\$450.00		1	MISCELLANEOUS MERCHANDISE		

Number of Vehicles Stolen 0 Number Vehicles Recovered 0

ID	Officer	ID#	Officer Signature	Supervisor Signature
	<i>SLYMAN, S. L. (S5221)</i>			<i>WHITAKER, B. K. (W5103)</i>
Status	Complainant Signature		Case Status	Case Disposition:
			<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" type="checkbox"/> Closed/Leads Exhausted	<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