

INCIDENT REPORT DATA

INCIDENT/INVESTIGATION REPORT

OCA	2025-001188		
Date / Time Reported	S M T W T F S		
Month	Day	Yr	Time
04	03	2025	19:59 Hrs.
Last Known Secure	S M T W T F S		
Month	Day	Yr	Time
04	03	2025	19:58 Hrs.

Agency Name	KERNERSVILLE POLICE		
ORI	NC 0340100		
#1 Crime Incident(s)	Shoplifting	<input type="checkbox"/> Att	At Found
#2 Crime Incident		<input checked="" type="checkbox"/> Com	Month Day Yr Time
#3 Crime Incident		<input type="checkbox"/> Att	04 03 2025 19:59 Hrs
		<input type="checkbox"/> Com	Location of Incident
			418 N Main St, Kernersville NC 27284
		<input type="checkbox"/> Att	Premise Type
		<input type="checkbox"/> Com	Offense Tract
			Z2
			Victim Residence Type
			<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO	How Attacked or Committed	Forcible	Weapon / Tools
	SHOPLIFTING/PICKED UP MDSE AND LEFT STORE, SHOPLIFTING/FAIL TO RING UP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> No	

VIC	# 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 checked="" 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				
	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
V1	DOLLAR GENERAL	I,					<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Home Address	Business Phone		Home Phone			
	Employer Name/Address	Business Phone		Mobile Phone			
	VYR	Make	Model	Style	Color	Lic/Lis	Vin

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

OTHERS	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	CHAVARRIA, ALFREDO CESAR		36	W	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
I	19	7,5	\$485.94		1	CASTROL SYNTHETIC OIL		
I	19	5	\$485.94		1	CASTROL SYNTHETIC OIL		

ID	Officer	ID#	Officer Signature	Supervisor Signature
	SLYMAN, S. L. (S5221)			WHITAKER, B. K. (W5103)
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	Page 1