

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>		ORI <b>0530100 S0005</b>		Date/Time Arrested <b>08/25/2014 16:00</b>		OCA <b>14006230</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>3215DBR</b>	Arrest Tract <b>200</b>		Residence Tract		Arrest Number <b>30791</b>					
A R R E S T E E	Name (Last, First, Middle) <b>JOHNSON, KAYLA BREE-ANNE</b>			D.O.B. <b>01/24/1993</b>	Age <b>21</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth	Country of Citizenship <b>US</b>			
	Current Address <b>181 Meyers Ln, SANFORD, NC 27330</b>			Phone		Occupation <b>Student</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>SOUTHERN LEE</b>			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>5'06</b>	Wgt <b>130</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NONE / NOT APPLICABLE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>225 E WEATHERSPOON ST, SANFORD</b>							
	Charge #1 <b>Larceny</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72(A)</b>	Warr. Date <b>08/21/2014</b>				
	Charge #2 <b>Fraud- Financial Transaction Card Theft</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1150</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-113.9</b>	Warr. Date				
	Charge #3 <b>Financial Transaction Card Fraud</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1150</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-113.13</b>	Warr. Date				
V E H I C L E	VYR	Make	Model	Style	Color	Plate #/State	VIN					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____											
C O N F I N E D	Date/Time Confined <b>08/25/2014 17:45:00</b>		Place Confined <b>LEE COUNTY JAIL</b>			Committing Magistrate <b>MARTY COLE</b>						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$25,000.00</b>	Trial Date <b>08/26/2014 00:00</b>		Court Of <b>District Court</b>		City <b>SANFORD</b>				
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #)			Date/Time Released					
Status Codes	L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found											
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
S T A T U S	Arresting Officer Signature/ID # <b>BERRYMAN, W. P. (209)</b>			Date/Time Submitted <b>08/25/2014 16:00</b>		Supervisor Signature <b>LAYTON, H. L.</b>						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							

**ARREST REPORT (Additional Charges)**

Agency Name <b>Sanford Police Department</b>	ORI <b>0530100 S0005</b>	Date/Time Arrested <b>08/25/2014 16:00</b>	OCA <b>14006230</b>
Arrestee Name <b>JOHNSON, KAYLA BREE-ANNE</b>			Arrest Number <b>30791</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
<b>4) Financial Identity Fraud</b>	<b>F</b>	<b>1</b>	<b>1170</b>		<b>14-113.20</b>	
<b>5) Possessing Stolen Goods</b>	<b>F</b>	<b>1</b>	<b>1330</b>		<b>14-71.1</b>	