

## ARREST REPORT

<b>AGENCY INFO</b>	Agency Name <b>Sanford Police Department</b>			ORI <b>0530100 S0005</b>		Date/Time Arrested <b>07/24/2014 00:30</b>		OCA <b>14005600</b>	
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>700</b>		Residence Tract		Arrest Number <b>30514</b>

  

<b>ARRESTEE INFO</b>	Name (Last, First, Middle) <b>GRIER, TIMOTHY JAROD</b>				D.O.B. <b>11/04/1988</b>		Age <b>25</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>SANFORD, NC</b>	Country of Citizenship
	Current Address <b>2509 Blackstone Rd, SANFORD, NC 27330</b>				Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident		
	Employer's Name <b>CCCC</b>				Address <b>KELLY DR</b>				Phone		
	Also Known As (Alias Names)				Hgt <b>5'08</b>	Wgt <b>170</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DARK</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
	Scars, Marks, Tattoos <b>TATT RIGH HAND / 5; TATT LEFT HAND / 3</b>				Social Security #		OLN and State		Misc. # and Type		
	Nearest Relative Name <b>GRIER, SHARON</b>				Address				Phone		

  

<b>ARREST</b>	If Armed, Type of Weapon <b>PERSONAL WEAPONS</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>2509 BLACKSTONE RD, SANFORD</b>			
	Charge #1 <b>Financial Identity Fraud</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1170</b>	Offense Jurisdiction (if not arresting agency)	Statute # <b>14-113.20</b>	Warr. Date <b>07/24/2014</b>
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date

  

<b>VEHICLE INFO</b>	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? _____						

  

<b>CONFINED</b>	Date/Time Confined <b>07/24/2014 00:00:00</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>\$5,000.00</b>	Trial Date <b>07/24/2014 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

  

<b>STATUS CODES</b>	L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found										
	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
<b>DRUGS ARREST</b>						Possess	Buy	Sale	Mfg.	Importing	Operating

  

<b>COMP</b>	Name:   Complainant <input type="checkbox"/> Victim <input type="checkbox"/>		Address		Phone:
	NARRATIVE				

  

<b>STATUS</b>	Arresting Officer Signature/ID # <b>JACOBS, R. A. (223)</b>		Date/Time Submitted <b>07/24/2014 00:30</b>		Supervisor Signature
	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