

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>				ORI <b>0530100 S0005</b>		Date/Time Arrested <b>06/07/2014 14:30</b>		OCA <b>14004286</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>800</b>		Residence Tract <b>OUT</b>		Arrest Number <b>30109</b>				
A R R E S T E E	Name (Last, First, Middle) <b>PARKER, MATTHEW THOMAS</b>				D.O.B. <b>09/08/1980</b>		Age <b>33</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth		Country of Citizenship	
	Current Address <b>226 Soup Haire Rd, ELIZABETHTOWN, NC</b>				Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input checked="" type="checkbox"/> Unknown		
	Employer's Name				Address				Phone				
	Also Known As (Alias Names)				Hgt <b>5'11</b>	Wgt <b>168</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone	Consumed Drug/Alcohol <input checked="" 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>3310 NC 87 HWY, SANFORD</b>						
	Charge #1 <b>Larceny</b>		<input type="checkbox"/> Fel <input checked="" 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>06/07/2014</b>			
	Charge #2 <b>Possessing Stolen Goods</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1330</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-71.1</b>		Warr. Date <b>06/07/2014</b>			
	Charge #3 <b>Possession Of Marijuana</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(D)(4)</b>		Warr. Date <b>06/07/2014</b>			
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>06/07/2014 14:45:00</b>		Place Confined <b>LCJ</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>\$1,500.00</b>		Trial Date <b>06/24/2014 09:00</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					
	<b>E</b>	<b>Z</b>	<b>3.00</b>	<b>GM</b>	<b>MARIJUANA</b>			Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address <b>3310 Nc 87 Hwy, Sanford, NC 27330</b>				Phone:				
	<b>WALMART,</b>												
S T A T U S	Arresting Officer Signature/ID # <b>HAUFF, M. A. (277)</b>				Date/Time Submitted <b>06/07/2014 14:30</b>		Supervisor Signature <b>MURPHY, S. K.</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>06/07/2014 14:30</b>	OCA <b>14004286</b>
Arrestee Name <b>PARKER, MATTHEW THOMAS</b>			Arrest Number <b>30109</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
<b>4) Possession Of Drug Paraphernalia</b>	<b>M</b>	<b>1</b>	<b>1834</b>		<b>90-113.22</b>	<b>06/07/2014</b>