

## ARREST REPORT

|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|--------------------------------------|---|--------------------------------------|---|--|---|--|--|--|--|-------------------------------------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>Rocky Mount Police Department</b>   |                                      | ORI<br><b>0330100 R0013</b>   |  | Date/Time Arrested<br><b>06/20/2014 01:00</b>               |  | OCA<br><b>2014004746</b>                 |  |  |                                     |           |           |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos  | Fingerprint Card Check Digit # (CKN) |   | Arrest Tract<br><b>P15</b>                         |   | Residence Tract<br><b>P15</b>                  |  | Arrest Number<br><b>148803</b>   |  |                                     |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>BULLOCK, JAMES GRAY</b>  |                                      |   | D.O.B.   |   | Age<br><b>73</b>                               | Race<br><b>B</b>                         | Sex<br><b>M</b>  | Place of Birth<br><b>NASH COUNTY, NC</b>   | Country of Citizenship<br><b>US</b> |           |           |
|                                      | Current Address<br><b>1800 Neville Ln, ROCKY MOUNT, NC 27801</b>  |                                      |   | Phone<br><b>252-907-0104</b>                       |   | Occupation                                     |  | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |  |                                     |           |           |
|                                      | Employer's Name<br><b>UNEMPLOYED</b>  |                                      |   | Address  |   |  | Phone                                    |  |  |                                     |           |           |
|                                      | Also Known As (Alias Names)   |                                      |   | Hgt<br><b>5'11</b>                                 | Wgt<br><b>285</b>   | Hair<br><b>BLK</b>                             | Eyes<br><b>BRO</b>                       | Skin Tone<br><b>MED</b>  | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |                                     |           |           |
|                                      | Scars, Marks, Tattoos<br><b>SCAR LEFT SHOULDER / NFD; SCAR LSDE</b>   |                                      |   | Social Security #                                  |   | OLN and State                                  |  | Misc. # and Type   |  |                                     |           |           |
|                                      | Nearest Relative Name<br><b>BULLOCK, LINDA K</b>  |                                      |   | Address<br><b>1800 NEVILLE LN, ROCKY MOUNT, NC</b> |   |  | Phone<br><b>252-446-3717</b>             |  |  |                                     |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>  |                                      | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant |  | Place of Arrest<br><b>1821 N WESLEYAN BLVD, ROCKY MOUNT</b> |  |  |  |  |                                     |           |           |
|                                      | Charge #1<br><b>Drug Violations</b>   |                                      | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd  | Counts<br><b>1</b>                                 | DCI Code<br><b>1810</b>                                     | Offense Jurisdiction (if not arresting agency) |  | Statute #<br><b>90-95/108</b>  | Warr. Date   |                                     |           |           |
|                                      | Charge #2   |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd   | Counts   | DCI Code  | Offense Jurisdiction (if not arresting agency) |  | Statute #  | Warr. Date   |                                     |           |           |
|                                      | Charge #3   |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd   | Counts   | DCI Code  | Offense Jurisdiction (if not arresting agency) |  | Statute #  | Warr. Date   |                                     |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |                                      |   |  |   |  |  |  |  |                                     |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined  |                                      | Place Confined  |  |   | Committing Magistrate                          |  |  |  |                                     |           |           |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other  |                                      | Bond Amount<br><b>\$0.00</b>  |  | Trial Date  |  | Court Of _____ City                      |  |  |                                     |           |           |
|                                      | Assisting Officer Name/ID #<br><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<br>R<br>U<br>G<br>S                | DCI   | Status                               | Quantity  | Type Measure                                       | Suspected Type  |  | Check up to 3 types of activity for each |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  | Possess                                  | Buy  | Sale   | Mfg.                                | Importing | Operating |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
|                                      |   |                                      |   |  |   |  |  |  |  |                                     |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>  |                                      |   | Address  |   |  |  | Phone:   |  |                                     |           |           |
|                                      | <b>C0684877</b><br><b>did possess less than 1/2 of marijuana</b>  |                                      |   |  |   |  |  |  |  |                                     |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>SIKES, W. G. (5984)</b>  |                                      |   | Date/Time Submitted<br><b>06/20/2014 01:00</b>     |   |  | Supervisor Signature                     |  |  |                                     |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed   |                                      | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation   |  | Arrestee Signature  |  |  |  |  |                                     |           |           |