

ARREST REPORT

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|--------------------------------------|---|--|---|--------------------|---|--|-----------------------------------|---|--|---|------|-----------|-----------|
| A G E N C Y | Agency Name Sanford Police Department | | ORI 0530100 S0005 | | Date/Time Arrested 08/26/2014 21:00 | | OCA 14006402 | | | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) 3216DBN | Arrest Tract 400 | | Residence Tract | | Arrest Number 30807 | | | | | | |
| A R R E S T E E | Name (Last, First, Middle) COUNCIL, KELLY ANGEL | | | | D.O.B. 03/04/1982 | Age 32 | Race W | Sex F | Place of Birth | Country of Citizenship US | | | |
| | Current Address 2533 Buckingham Dr, SANFORD, NC 273309388 | | | | Phone | | Occupation Paramedic | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | | | |
| | Employer's Name CENTRAL CAROLINA HOSPITAL ER | | | | Address 1135 CARTHAGE ST, SANFORD, NC 27330 | | | | Phone | | | | |
| | Also Known As (Alias Names) | | | | Hgt 5'10 | Wgt 150 | Hair BRO | Eyes BLU | Skin Tone | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos TATT LOW BACK / FLOWER; TATT RIGH | | | | Social Security # | | OLN and State | | Misc. # and Type | | | | |
| | Nearest Relative Name | | | | Address | | | | Phone | | | | |
| A R R E S T | If Armed, Type of Weapon PERSONAL WEAPONS | | <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 2286 JEFFERSON DAVIS HWY, SANFORD | | | | | | | | |
| | Charge #1 Acquire Or Obtain Control Substance By Fraud | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 3 | DCI Code 1190 | Offense Jurisdiction (if not arresting agency) | | Statute # 90-108(A)(10) | Warr. Date 08/26/2014 | | | | |
| | Charge #2 Trafficking An Opiate | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 2 | DCI Code 1810 | Offense Jurisdiction (if not arresting agency) | | Statute # 90-95(H)4 | Warr. Date 08/26/2014 | | | | |
| | Charge #3 | | <input type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts | DCI Code | Offense Jurisdiction (if not arresting agency) | | Statute # | 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 08/26/2014 22:45:00 | | Place Confined JE | | | Committing Magistrate JIM EADS | | | | | | | |
| | 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 \$200,000.00 | | Trial Date 08/27/2014 09:00 | | Court Of District Court | | City SANFORD | | | | |
| | Assisting Officer Name/ID # 0 | | | | 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 |
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| 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 # MCNEILL, M. L. (183) | | | | Date/Time Submitted 08/26/2014 21:00 | | | Supervisor Signature GODFREY, J. L. | | | | | |
| | 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 | | | | | | | |