ARREST REPORT

Α.	Agency	Name			ORI Date/Ti				ne Arrested OCA										
G I E N N F	Rocky Mount Police Department							0330100	R0013		8/23/2014 11:48				2014006593				
CO	Taken Fingerprint Card Check Digit # (CKN) ☐ Prints							Arrest Tract	Residence			ll l				st Number			
Y	☐ Photos							P21	200							19872			
A R R E S T E E	Name (Last, First, Middle) SOMMERVILLE, NATHANIEL JE								D.O.B.		Age Race Sex 53 B M				Place of Birth NASH COUNTY, NC US				
	Current Address 809 S Franklin St, ROCKY MOUNT, NC 27803								065	Occupation Maintenance				nce	Resident Unknown Non-Resident				
		er's Nam	OYED		Address				•				Phone						
	Also Known As (Alias Names) JR; CALVIN							'	Hgt 5'08		Wgt Hair 170 BLK			1 ' 1			kin Tone Consumed Drug/Alcohol ■ Yes No Unk		
	Scars, N	Лarks, Та			Social Secur	ity#	•	OLN	and Sta	State M			lisc. # and Type						
	Nearest	Relative		RIGHE	:YE			Address	<u> </u>					Phone					
	RICI	HARE	OSON, NOI	RRIS	1_		809	809 S FRANKLIN ST, ROCKY N							- 11	2-984-00	65		
A I N E O T	If Armed, Type of Weapon NOT APPLICABLE/NONE On-View Order for A						X Ci		Warrant 899			STAR ST/N PINE ST, F							
	Charge #1 Poss Opn Cnt/cons Alc Psg Area					☐ Fel ☑ Misd	1	Counts	DCI Code 2100				e Jurisdiction (if not arresting agency				Statute # Warr. 20-138.7(A1)		
	Charge #2					☐ Fel ☐ Misd		Counts	DCI Code	Off	Offense Jurisdiction			ion (if not arresting agency)			Statute #	Warr. Date	
	Charge #3					☐ Fel ☐ Misd		Counts	DCI Code	Off	Offense Jurisdiction (if not arres				agency)	S	Warr. Date		
У Е F O	VYR Make Model			Model		Style		Color	Plate #/State	ate #/State			VIN				<u> </u>		
	Vehicle		☐ Left at Scene☐ Released to of		Secured request	☐ Unse		ther_	Date/Time_										
ŭ	2. Released to other at owners request Name of Other 3. Impounded Place of storage Inventory on File? Inventory on File?																		
CONF-NE	Date/Tir	ne Confi	ined		Committing Magistrate														
	Type Bond Bond Amount							Trial Date Cou					ourt Of City						
	☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other Assisting Officer Name/ID #						\$0.00 Released By (Name/Dep			rtmont/	ment/ID #) Date/Time Released								
Ď	Assisting Officer Name/ID #							Released by (Name/Department)							Date/Time Neleased				
Status Codes	L - Los	s S-	- Stolen R - R	ecovered	D - Dama	iged Z - Sei	ized	B - Burned	C - Counte	rfeit / Fo	orged	F-I	Found						
ARREST AREST DRUGS	DCI Status Quantity Type Measure							Suspected Type					4				o 3 types of activity for each Mfg. Importing Operating		
													Possess	Buy	Sale	Mfg.	importing	Operating	
												+			-				
ÜAR																			
ST																			
-		 																	
ŀ												\dashv							
C O M P	Name:	Comp	olainant□	Victim			Addres	S							Phone:				
N A	C33317115 cup of gin																		
A R R	cup	of g	jin																
A T																			
I V E																			
	Arrestin	g Officer	Signature/ID#	Dat	Date/Time Submitted					Supervisor Signature									
S T A	SCHUESSLER, Z. E. (6449)							08/23/2014 11:48											
Ť	Case Status: Case Disposition: ☐ Further Inv. ☐ Case Disposition: ☐ Further Inv. ☐ Case Disposition:							ded	Arrestee S	ignature	е								
S	☐ Inactive ☐ Closed ☐ Arrest / No Investigation																		
		~=																D 0/0	

DCI-608F Rev. 3/92