

## ARREST REPORT

|               |   |  |   |  |   |                      |  |  |   |      |           |           |
|---------------|---|--|---|--|---|----------------------|--|--|---|------|-----------|-----------|
| AGENCY INFO   | Agency Name<br><b>Sanford Police Department</b>   |  | ORI<br><b>0530100 S0005</b>   |  | Date/Time Arrested<br><b>08/21/2014 16:20</b>     |                      | OCA<br><b>14006411</b>                   |  |   |      |           |           |
|               | Taken<br><input checked="" type="checkbox"/> Prints<br><input checked="" type="checkbox"/> Photos   | Fingerprint Card Check Digit # (CKN)<br><b>3205DBW</b>                   | Arrest Tract<br><b>100</b>  |  | Residence Tract<br><b>700</b>                     |                      | Arrest Number<br><b>30735</b>            |  |   |      |           |           |
| ARRESTEE INFO | Name (Last, First, Middle)<br><b>SMITH, AMY DANIELLE</b>  |  |   | D.O.B.<br><b>04/08/1976</b>                                | Age<br><b>38</b>                                  | Race<br><b>W</b>     | Sex<br><b>F</b>                          | Place of Birth   | Country of Citizenship<br><b>US</b>   |      |           |           |
|               | Current Address<br><b>2615 Olivia Rd, SANFORD, NC 27332</b>   |  |   | Phone  |   | Occupation           |  | <input type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Non-Resident |   |      |           |           |
|               | Employer's Name   |  |   | Address  |   |                      | Phone                                    |  |   |      |           |           |
|               | Also Known As (Alias Names)   |  |   | Hgt<br><b>5'07</b>   | Wgt<br><b>225</b>                                 | Hair<br><b>RED</b>   | Eyes<br><b>GRN</b>                       | Skin Tone<br><b>LGT</b>  | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk |      |           |           |
|               | Scars, Marks, Tattoos<br><b>TATT ANKLE / BUTTERFLY &amp; FLOWERS</b>  |  |   | Social Security #  |   | OLN and State        |  | Misc. # and Type   |   |      |           |           |
|               | Nearest Relative Name   |  |   | Address  |   |                      | Phone                                    |  |   |      |           |           |
| ARREST        | If Armed, Type of Weapon<br><b>PERSONAL WEAPONS</b>   |  | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant |  | Place of Arrest<br><b>1065 SPRING LN, SANFORD</b> |                      |  |  |   |      |           |           |
|               | Charge #1<br><b>Larceny, Felony</b>   | <input checked="" type="checkbox"/> Fel<br><input type="checkbox"/> Misd | Counts<br><b>1</b>  | DCI Code<br><b>0690</b>                                    | Offense Jurisdiction (if not arresting agency)    |                      | Statute #<br><b>14-72/F</b>              | Warr. Date<br><b>08/21/2014</b>  |   |      |           |           |
|               | 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   |   |      |           |           |
| VEHICLE INFO  | 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? _____ |  |   |  |   |                      |  |  |   |      |           |           |
| CONFINED      | Date/Time Confined<br><b>08/21/2014 00:00:00</b>  |  | Place Confined<br><b>MAG OFC</b>  |  | Committing Magistrate<br><b>JIM EADS</b>          |                      |  |  |   |      |           |           |
|               | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other   |  | Bond Amount<br><b>\$3,500.00</b>  | Trial Date<br><b>08/22/2014 00:00</b>                      | Court Of<br><b>District Court</b>                 |                      | City<br><b>SANFORD</b>                   |  |   |      |           |           |
|               | 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  |  |   |  |   |                      |  |  |   |      |           |           |
| DRUGS ARREST  | 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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|               |   |  |   |  |   |                      |  |  |   |      |           |           |
| COMPLAINANT   | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>   |  |   | Address<br><b>225 E Weatherspoon St, Sanford, NC 27330</b> |   |                      |  | Phone:   |   |      |           |           |
|               | <b>STATE OF NORTH CAROLINA,</b>   |  |   |  |   |                      |  |  |   |      |           |           |
| STATUS        | Arresting Officer Signature/ID #<br><b>SMITH, C. A. (65)</b>  |  |   | Date/Time Submitted<br><b>08/21/2014 16:20</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                                |                      |  |  |   |      |           |           |