

## ARREST REPORT

A G E N C Y	Agency Name <b>Rocky Mount Police Department</b>		ORI <b>0330100 R0013</b>		Date/Time Arrested <b>07/14/2014 04:50</b>		OCA <b>2014005423</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>P22</b>		Residence Tract <b>P43</b>		Arrest Number <b>149151</b>					
A R R E S T E E	Name (Last, First, Middle) <b>COOPER, CLAYTON</b>			D.O.B.		Age <b>46</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>EDGECOMBE COUNTY, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>Homeless, ROCKY MOUNT, NC 27801</b>			Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name <b>UNEMPLOYED</b>			Address					Phone				
	Also Known As (Alias Names)			Hgt <b>5'05</b>	Wgt <b>155</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	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>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest <b>433 MADISON ST/SHEARIN ST, ROCKY MOUNT</b>							
	Charge #1 <b>Trespassing</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2670</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-126B</b>	Warr. Date <b>07/14/2014</b>				
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
	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 <b>07/14/2014 00:00:00</b>		Place Confined <b>EDGECOMBE COUNTY</b>			Committing Magistrate <b>CHARLES METTERS</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>\$500.00</b>		Trial Date <b>07/14/2014 00:00</b>		Court Of <b>District Court - Edge</b>		City <b>ROCKY MOUNT</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					
								Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address					Phone:				
	<b>NEW</b>  <b>14CR052192</b>												
S T A T U S	Arresting Officer Signature/ID # <b>SPELL, A. W. (5557)</b>			Date/Time Submitted <b>07/14/2014 00:00</b>			Supervisor Signature <b>WALKER, S. S.</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							