

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>				ORI <b>0530100 S0005</b>		Date/Time Arrested <b>07/17/2014 15:00</b>		OCA <b>13006287</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>700</b>		Residence Tract		Arrest Number <b>30459</b>				
A R R E S T E E	Name (Last, First, Middle) <b>DAVIS, LASHAWN LARON</b>				D.O.B. <b>02/08/1996</b>		Age <b>18</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth			
	Current Address <b>2606 Wingate Rd, FAYETTEVILLE, NC 28306</b>				Phone		Occupation		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Employer's Name				Address				Phone				
	Also Known As (Alias Names)				Hgt <b>5'11</b>	Wgt <b>215</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" 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>PERSONAL WEAPONS</b>		<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 <b>629 OLDE MILL DR, SANFORD</b>								
	Charge #1 <b>Larceny, Felony</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72/F</b>		Warr. Date <b>09/09/2013</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		Place Confined <b>CUMBERLAND COUNTY</b>				Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input checked="" type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$5,000.00</b>		Trial Date <b>08/13/2014 00:00</b>		Court Of <b>District Court</b>		City <b>SANFORD</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>Warrant served by Fayetteville Police Department</b>												
S T A T U S	Arresting Officer Signature/ID # <b>ROGERS, K. M. (135)</b>				Date/Time Submitted <b>07/17/2014 15:00</b>			Supervisor Signature <b>FRAZER, V. D.</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							