

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>		ORI <b>0530100 S0005</b>		Date/Time Arrested <b>09/08/2014 11:35</b>		OCA <b>14006923</b>					
	Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>600</b>		Residence Tract <b>700</b>		Arrest Number <b>30909</b>					
A R R E S T E E	Name (Last, First, Middle) <b>SMITH, ERNEST MONTREAL</b>			D.O.B. <b>10/29/1980</b>	Age <b>33</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>ORANGE CO, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>610 Greenland Dr, SANFORD, NC 27330</b>			Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone					
	Also Known As (Alias Names) <b>X, BIG</b>			Hgt <b>5'09</b>	Wgt <b>175</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>SCAR RIGH SHOULDER</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>ALICE BLUE</b>			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NARCOTICS / DRUGS</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>232 MCIVER ST, SANFORD</b>							
	Charge #1 <b>Manufacture,sell,deliver A Controlled Substance</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date <b>09/08/2014</b>			
	Charge #2 <b>Possession Of Marijuana</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(D)(4)</b>	Warr. Date <b>09/08/2014</b>			
	Charge #3 <b>Manufacture,sell,deliver A Controlled Substance</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date <b>12/09/2013</b>			
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>09/08/2014 12:35:00</b>		Place Confined <b>LCJ</b>			Committing Magistrate <b>JIM EADS</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>\$25,000.00</b>		Trial Date <b>09/09/2014 09:00</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 checked="" type="checkbox"/>			Address				Phone:				
	<b>State Of North Carolina</b>											
S T A T U S	Arresting Officer Signature/ID # <b>MATTHEWS, J. R. (271)</b>			Date/Time Submitted <b>09/08/2014 11:35</b>			Supervisor Signature <b>GENTHE, W. C.</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							

**ARREST REPORT (Additional Charges)**

Agency Name <b>Sanford Police Department</b>	ORI <b>0530100 S0005</b>	Date/Time Arrested <b>09/08/2014 11:35</b>	OCA <b>14006923</b>
Arrestee Name <b>SMITH, ERNEST MONTREAL</b>			Arrest Number <b>30909</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
4) Poss W/intent To Sell A Controlled Substance	F	1	1810		90-95(A)	12/09/2013
5) Mfg,sell,del,posses Control Sub Within 1000 Ft Of Park	F	1	1810		90-95(E)(10)	12/09/2013
6) Possession Of Drug Paraphernalia	M	1	1834		90-113.22	09/08/2014
7) Possession Of Drug Paraphernalia	M	1	1834		90-113.22	12/09/2013