

## 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>08/20/2014 09:56</b>		OCA <b>2014006515</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>P13</b>		Residence Tract <b>P44</b>		Arrest Number <b>149807</b>				
A R R E S T E E	Name (Last, First, Middle) <b>TABRON, LATASHA EVA</b>				D.O.B.		Age <b>27</b>	Race <b>B</b>	Sex <b>F</b>	Place of Birth		Country of Citizenship <b>US</b>	
	Current Address <b>2200 Candlewood Dr Sw, B, WILSON, NC 27893</b>				Phone <b>252-360-8891</b>		Occupation		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Employer's Name				Address				Phone				
	Also Known As (Alias Names)				Hgt <b>5'03</b>	Wgt <b>140</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input 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 type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>720 SUTTERS CREEK BLVD, ROCKY MOUNT</b>								
	Charge #1 <b>Larceny - Shoplifting</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0630</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72D</b>		Warr. Date			
	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				Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>		Trial Date		Court Of _____ City						
	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>C33310595</b> <b>property belonging to Kmart, asst. baby clothing items, valued at \$262.97</b>												
S T A T U S	Arresting Officer Signature/ID # <b>LIV, C. (6425)</b>				Date/Time Submitted <b>08/20/2014 09:56</b>			Supervisor Signature					
	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							