

## ARREST REPORT

A G E N C Y	Agency Name <b>Wake Forest Police Department</b>				ORI <b>0920700</b>		Date/Time Arrested <b>07/02/2014 16:00</b>		OCA <b>14001643</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>Z3</b>		Residence Tract <b>Z4</b>		Arrest Number <b>12918</b>				
A R R E S T E E	Name (Last, First, Middle) <b>MCCABE, PAUL ARTHUR III</b>				D.O.B. <b>10/12/1977</b>		Age <b>36</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth			
	Current Address <b>316 Old Halifax Rd, LOUSIBURG, NC 27549</b>				Phone <b>919-423-3395</b>		Occupation <b>Cleaner</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident		Country of Citizenship <b>US</b>		
	Employer's Name <b>SUNDANCE CLEANING</b>				Address <b>5300 OLD ROGERS RD, ROLESVILLE, NC</b>				Phone <b>919-669-5752</b>				
	Also Known As (Alias Names)				Hgt <b>5'10</b>	Wgt <b>175</b>	Hair <b>BRO</b>	Eyes <b>BRN</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>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>1000 DR CALVIN JONES HWY - BLK, WAKE</b>								
	Charge #1 <b>Poss Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22 34</b>	Warr. Date <b>07/02/2014</b>				
	Charge #2 <b>Dwlr</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-28A</b>	Warr. Date <b>07/02/2014</b>				
	Charge #3 <b>Seat Belts/fail To Use</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-135.2A</b>	Warr. Date <b>07/02/2014</b>				
V E H I C L E	VYR <b>2011</b>	Make <b>NISS</b>	Model <b>SENTRA</b>	Style <b>4S</b>	Color <b>SIL</b>	Plate #/State <b>BFJ4198 NC 2015</b>		VIN <b>3N1AB6AP0BL645754</b>					
	Vehicle 1. <input checked="" type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time <b>07/02/2014 16:40</b> 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 <b>07/31/2014 07:45</b>		Court Of <b>Wake County District</b>		City <b>RALEIGH</b>				
	Assisting Officer Name/ID # <b>ALBERT, A. L. 1</b>		Released By (Name/Department/ID #) <b>CHILTON, A. L.</b>				Date/Time Released <b>07/02/2014 17:56:00</b>						
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 checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:				
	During a traffic stop, the offender was cited for the above charges.												
S T A T U S	Arresting Officer Signature/ID # <b>CHILTON, A. L. (820)</b>				Date/Time Submitted <b>07/03/2014 10:38</b>		Supervisor Signature <b>COLLIE, L. N.</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							