

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>		ORI <b>0530100 S0005</b>		Date/Time Arrested <b>07/31/2014 20:10</b>		OCA <b>14005827</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>3175DBQ</b>	Arrest Tract <b>400</b>		Residence Tract <b>900</b>		Arrest Number <b>30583</b>					
A R R E S T E E	Name (Last, First, Middle) <b>NORRIS, BRITTANY CHAVONTE</b>			D.O.B. <b>09/18/1991</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>F</b>	Place of Birth <b>CLEVELAND OHIO, OH</b>	Country of Citizenship <b>US</b>			
	Current Address <b>1545 Winslow Dr, SANFORD, NC 27330</b>			Phone		Occupation <b>Student</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>5'03</b>	Wgt <b>240</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			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>DEWEY MCLEOD</b>			Address <b>710 WALLS T, SANFORD, NC 27330</b>			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>2236 JEFFERSON DAVIS HWY, SANFORD</b>							
	Charge #1 <b>Embezzlement- Via Paper</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1210</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-90</b>	Warr. Date <b>07/31/2014</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>07/31/2014 20:10:00</b>		Place Confined <b>LCSSO</b>		Committing Magistrate <b>HARRY B STRYFFELER</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>\$5,000.00</b>	Trial Date <b>08/01/2014 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 type="checkbox"/>			Address				Phone:				
S T A T U S	Arresting Officer Signature/ID # <b>SOTO, I. (260)</b>			Date/Time Submitted <b>07/31/2014 20:10</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							