

## 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>09/09/2014 05:30</b>		OCA <b>2014002691</b>					
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>BG0027P</b>		Arrest Tract <b>P43</b>		Residence Tract <b>P42</b>		Arrest Number <b>150029</b>				
A R R E S T E E	Name (Last, First, Middle) <b>LYNCH, JERMEL STEPHAN</b>			D.O.B.		Age <b>25</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>EDGECOMBE COUNTY, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>341 S Discovery St, ROCKY MOUNT, NC 27801</b>			Phone <b>252-446-7094</b>		Occupation <b>None</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone					
	Also Known As (Alias Names) <b>HOOD</b>			Hgt <b>5'02</b>	Wgt <b>135</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 <b>TATT LEFT HAND / KNIFE; TATT RIGH ARM</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>LYNCH, SHARON</b>			Address <b>341 S RALEIGH ST 446-7094, ROCKY</b>			Phone <b>252-210-2093</b>					
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>			<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest <b>341 S DISCOVERY ST, ROCKY MOUNT</b>					
A R R E S T	Charge #1 <b>All Other Offenses</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-196</b>	Warr. Date <b>05/13/2014</b>			
	Charge #2 <b>All Other Offenses</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-196</b>	Warr. Date <b>05/30/2014</b>			
	Charge #3 <b>All Other Offenses</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-196</b>	Warr. Date <b>05/21/2014</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>09/09/2014 08:00:00</b>		Place Confined <b>EDGECOMBE CO. JAIL</b>			Committing Magistrate <b>CHARLES METTERS</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>\$23,000.00</b>		Trial Date <b>09/10/2014 00:00</b>		Court Of <b>District Court - Edge</b>		City <b>TARBORO</b>			
S T A T U S	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 checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	OCA# 2014-002691/Common Law Robbery											
S T A T U S	Arresting Officer Signature/ID # <b>WILDER, T. C. (1918)</b>			Date/Time Submitted <b>09/10/2014 04:00</b>			Supervisor Signature <b>COLLINS, E. K.</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>Rocky Mount Police Department</b>	ORI <b>0330100 R0013</b>	Date/Time Arrested <b>09/09/2014 05:30</b>	OCA <b>2014002691</b>
Arrestee Name <b>LYNCH, JERMEL STEPHAN</b>			Arrest Number <b>150029</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
4) All Other Offenses	M	1	2690		14-196	05/05/2014
5) All Other Offenses	M	1	2690		14-196	05/05/2014
6) All Other Offenses	M	1	2690		14-196	05/05/2014
7) All Other Offenses	F	1	2690		14-196	04/13/2014