

## 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>07/31/2014 22:00</b>		OCA <b>2014005941</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>P21</b>		Residence Tract <b>P44</b>		Arrest Number <b>149447</b>					
A R R E S T E E	Name (Last, First, Middle) <b>COBB, TERESA ANN</b>			D.O.B.		Age <b>49</b>	Race <b>B</b>	Sex <b>F</b>	Place of Birth <b>NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>825 Duncan Dr, ROCKY MOUNT, NC 27801</b>			Phone <b>252-972-2747</b>		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>REE</b>			Hgt <b>5'06</b>	Wgt <b>180</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>LIG</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT RIGH LEG / HEARTS W/NAMES; TATT</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>COBB, KATIE</b>			Address <b>1825 DUNCAN DR, ROCKY MOUNT, NC</b>			Phone <b>252-972-2747</b>						
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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>1825 DUNCAN DR, ROCKY MOUNT</b>								
	Charge #1 <b>Aggravated Assault</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>2</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-30/AAS</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 22:44:00</b>		Place Confined <b>NASH COUNTY JAIL</b>			Committing Magistrate <b>JAMES HILL</b>							
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>		Trial Date <b>09/15/2014 00:00</b>		Court Of <b>District Court - Nash</b>		City <b>ROCKY MOUNT</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>NCAWARE 14CR 053257</b> <b>*MAGISTRATE ORDER*</b>  <b>ASSAULT WITH DEADLY WEAPON</b> <b>ASSAULT INFLICT SERIOUS INJURY</b>												
S T A T U S	Arresting Officer Signature/ID # <b>TONEY, W. T. (6348)</b>			Date/Time Submitted <b>08/01/2014 04:38</b>			Supervisor Signature <b>MOTLEY, W. D.</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								

\*\* Continued \*\*

**ARREST REPORT (Additional Narrative)**

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Arrestee Name <b>COBB, TERESA ANN</b>			Arrest Number <b>149447</b>