

ARREST REPORT

| | | | | | | | | | | | | |
|--------------------------------------|---|--------------------------------------|---|--|---|--|---|--|---|-------------------------------------|-----------|-----------|
| A G E N C Y | Agency Name Sanford Police Department | | ORI 0530100 S0005 | | Date/Time Arrested 08/23/2014 23:27 | | OCA 14006469 | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) | | Arrest Tract 900 | | Residence Tract OUT | | Arrest Number 30770 | | | | |
| A R R E S T E E | Name (Last, First, Middle) LOCKLEAR, NICHOLAS KENDAL | | | D.O.B. 11/24/1984 | | Age 29 | Race W | Sex M | Place of Birth SANFORD, NC | Country of Citizenship US | | |
| | Current Address 121 Tuskegee Dr, NORTH CHARLESTON, SC 29418 | | | Phone | | Occupation | | <input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident | | | | |
| | Employer's Name TREE MASTERS | | | Address | | | Phone | | | | | |
| | Also Known As (Alias Names) | | | Hgt 5'08 | Wgt 155 | Hair BRO | Eyes BRO | Skin Tone MED | 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 NONE / NOT APPLICABLE | | <input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | | Place of Arrest 2515 S HORNER BLVD, SANFORD | | | | | | | |
| | Charge #1 Larceny | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72(A) | Warr. Date 08/23/2014 | | | |
| | Charge #2 Possessing Stolen Goods | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 1330 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-71.1 | Warr. Date 08/23/2014 | | | |
| | 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 \$0.00 | Trial Date 10/07/2014 09:00 | | Court Of District Court | | City SANFORD | | | | |
| | Assisting Officer Name/ID # 0 | | | 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: | | | | |
| | NARRATIVE | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # KOONCE, M. E. (295) | | | Date/Time Submitted 08/23/2014 23:34 | | | Supervisor Signature HENDLEY, J. R. | | | | | |
| | 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 | | | | | | |