

## 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>08/06/2014 19:07</b>		OCA <b>2014006108</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>P43</b>		Residence Tract <b>P43</b>		Arrest Number <b>149585</b>					
A R R E S T E E	Name (Last, First, Middle) <b>HARRISON, DEXTER TERRELL</b>			D.O.B.		Age <b>26</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>NORFOLK, VA</b>	Country of Citizenship <b>US</b>			
	Current Address <b>700 Cokey Rd, ROCKY MOUNT, NC 27801</b>			Phone <b>252-366-3301</b>		Occupation		<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)			Hgt <b>6'01</b>	Wgt <b>185</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DAR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT RIGH FORE ARM / INNER FOREARM;</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>HARRISON, ANNETTE</b>			Address <b>900 BRANCH ST, ROCKY MOUNT, NC</b>			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>733 SCHOOL ST/S MERCER ST, ROCKY MOUNT</b>								
	Charge #1 <b>Drug Violations</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>90-95/108</b>	Warr. Date				
	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		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		Court Of _____ City						
	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:					
	<b>C30673298</b> <b>did possess less than 1/2 oz of marijuana</b> <b>8.5g (9 bags inside one bag)</b>												
S T A T U S	Arresting Officer Signature/ID # <b>CARTER, M. D. (3858)</b>			Date/Time Submitted <b>08/06/2014 19:07</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							