

ARREST REPORT

A G E N C Y	Agency Name Rocky Mount Police Department		ORI 0330100 R0013		Date/Time Arrested 08/21/2014 00:01		OCA 2014006528	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract P23		Residence Tract		Arrest Number 149808
A R R E S T E E	Name (Last, First, Middle) CLARK, CIERRA SHARELLE			D.O.B.		Age 23	Race B	Sex F
	Current Address 9083 County Line Rd, SHARPSBURG, NC 27878			Phone 252-544-6186		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident
	Employer's Name IHOP			Address 790 N WESLEYAN BLVD RMT, NC 27804			Phone 252-443-4999	
	Also Known As (Alias Names)			Hgt 5'05	Wgt 180	Hair	Eyes	Skin Tone
	Scars, Marks, Tattoos TATT RIGH LEG / LIBRA, STARS AND NAME			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name CLARK, SHELAH			Address 9083 COUNTY LINE RD, SHARPSBURG, NC			Phone	
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 1181 E RALEIGH BLVD/N FAIRVIEW RD, ROCKY			
	Charge #1 Drug Violations		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95/108
	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 1999	Make NISS	Model	Style	Color	Plate #/State CFE3600 NC 0	VIN	
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time 08/21/2014 00:00 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ OWNS 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	Court Of _____ City		
	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:	
	C30693000 did possess less than 1/2 oz of marijuana 2.58 g							
S T A T U S	Arresting Officer Signature/ID # LAWTON, B. C. (5553)			Date/Time Submitted 08/21/2014 00:01		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			