

ARREST REPORT

| | | | | | | | | | | | | | |
|--------------------------------------|---|--------------------------------------|---|--|---|---|---|--|---|-------------------------------------|------|-----------|-----------|
| A G E N C Y | Agency Name Rocky Mount Police Department | | ORI 0330100 R0013 | | Date/Time Arrested 09/09/2014 21:03 | | OCA 2014002753 | | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) | | Arrest Tract P34 | | Residence Tract P41 | | Arrest Number 150020 | | | | | |
| A R R E S T E E | Name (Last, First, Middle) COX, TOBIOUS DEVONE | | | D.O.B. | | Age 25 | Race B | Sex M | Place of Birth ROCKY MOUNT, NC | Country of Citizenship US | | | |
| | Current Address 652 Powell Dr, ROCKY MOUNT, NC 27803 | | | Phone 252-314-7711 | | Occupation Carpenter | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | | | | |
| | Employer's Name SELF | | | Address | | | | | Phone 252- - | | | | |
| | Also Known As (Alias Names) | | | Hgt 5'07 | Wgt 140 | 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 COX, BEVERLY | | | Address 327 ROSE ST, ROCKY MOUNT, NC | | | | | Phone 252-907-3390 | | | | |
| 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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant | | Place of Arrest 500 S CHURCH ST/W BASSETT ST, ROCKY | | | | | | | | |
| | Charge #1 Larceny - All Other | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-721 | Warr. Date 04/17/2014 | | | | |
| | 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 09/09/2014 21:30:00 | | Place Confined NASH CO JAIL | | | Committing Magistrate CHARLES METTERS | | | | | | | |
| | 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 \$6,000.00 | | Trial Date 09/19/2014 09:00 | | Court Of District Court - Nash | | City NASHVILLE | | | | |
| | 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 checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address | | | | | Phone: | | | | |
| | NARRATIVE | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # DRIVER, C. J. (6305) | | | Date/Time Submitted 09/10/2014 02:43 | | | Supervisor Signature CHRISTMAN, D. 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 | | | | | | | |