

## ARREST REPORT

|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
|--------------------------------------|---|--|---|--|---|--|--|--|--|------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>Sanford Police Department</b>   |  | ORI<br><b>0530100 S0005</b>   |  | Date/Time Arrested<br><b>07/19/2014 11:45</b>         |  | OCA<br><b>14004466</b>                   |  |  |      |           |           |
|                                      | Taken<br><input checked="" type="checkbox"/> Prints<br><input checked="" type="checkbox"/> Photos   | Fingerprint Card Check Digit # (CKN)<br><b>3155DBD</b>                   | Arrest Tract<br><b>500</b>  |  | Residence Tract                                       |  | Arrest Number<br><b>30462</b>            |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>MURCHISON, LATISHA MONET</b>   |  |   | D.O.B.<br><b>12/22/1986</b>                          | Age<br><b>27</b>                                      | Race<br><b>B</b>                             | Sex<br><b>F</b>                          | Place of Birth   | Country of Citizenship<br><b>US</b>  |      |           |           |
|                                      | Current Address<br><b>1600 Carr Creek Dr, SANFORD, NC 27330</b>   |  |   | Phone  |   | Occupation<br><b>Nursing Aid</b>             |  | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |  |      |           |           |
|                                      | Employer's Name<br><b>PARKVIEW AID</b>  |  |   | Address<br><b>CARTHAGE ST., SANFORD, NC 27330</b>    |   |  | Phone                                    |  |  |      |           |           |
|                                      | Also Known As (Alias Names)   |  |   | Hgt<br><b>5'02</b>                                   | Wgt<br><b>125</b>                                     | Hair<br><b>BLK</b>                           | Eyes<br><b>BRO</b>                       | Skin Tone<br><b>DARK</b>   | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |      |           |           |
|                                      | Scars, Marks, Tattoos<br><b>TATT LEFT ARM / SYMPATHY</b>  |  |   | Social Security #                                    |   | OLN and State                                |  | Misc. # and Type   |  |      |           |           |
|                                      | Nearest Relative Name<br><b>TYSON, BESSIE</b>   |  |   | Address<br><b>705 W GARDEN ST, SANFORD, NC 27330</b> |   |  | Phone                                    |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>PERSONAL WEAPONS</b>   |  | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant |  | Place of Arrest<br><b>1600 CARR CREEK DR, SANFORD</b> |  |  |  |  |      |           |           |
|                                      | Charge #1<br><b>Possessing Stolen Goods</b>   | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd | Counts<br><b>1</b>  | DCI Code<br><b>1330</b>                              | Offense Jurisdiction (if not arresting agency)        |  | Statute #<br><b>14-71.1</b>              | Warr. Date<br><b>06/24/2014</b>  |  |      |           |           |
|                                      | Charge #2   | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            | Counts  | DCI Code   | Offense Jurisdiction (if not arresting agency)        |  | Statute #                                | Warr. Date   |  |      |           |           |
|                                      | Charge #3   | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            | Counts  | DCI Code   | Offense Jurisdiction (if not arresting agency)        |  | Statute #                                | Warr. Date   |  |      |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |  |   |  |   |  |  |  |  |      |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined  |  | Place Confined  |  |   | Committing Magistrate<br><b>MARTY COLE</b>   |  |  |  |      |           |           |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input checked="" type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other   |  | Bond Amount<br><b>\$1,250.00</b>  | Trial Date<br><b>07/21/2014 00:00</b>                |   | Court Of<br><b>District Court</b>            |  | City<br><b>SANFORD</b>   |  |      |           |           |
|                                      | Assisting Officer Name/ID #<br><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<br>R<br>U<br>G<br>S                | DCI   | Status   | Quantity  | Type Measure   | Suspected Type  |  | Check up to 3 types of activity for each |  |  |      |           |           |
|                                      |   |  |   |  |   |  | Possess                                  | Buy  | Sale   | Mfg. | Importing | Operating |
|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
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|                                      |   |  |   |  |   |  |  |  |  |      |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>  |  |   | Address  |   |  |  | Phone:   |  |      |           |           |
|                                      | NARRATIVE   |  |   |  |   |  |  |  |  |      |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>ROGERS, K. M. (135)</b>  |  |   | Date/Time Submitted<br><b>07/19/2014 11:45</b>       |   | Supervisor Signature<br><b>FRAZER, V. D.</b> |  |  |  |      |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed   |  | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation   |  | Arrestee Signature                                    |  |  |  |  |      |           |           |