

## ARREST REPORT

A G E N C Y	Agency Name <b>Sanford Police Department</b>		ORI <b>0530100 S0005</b>		Date/Time Arrested <b>07/07/2014 11:11</b>		OCA <b>12002648</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>600</b>		Residence Tract <b>OUT</b>		Arrest Number <b>30369</b>					
A R R E S T E E	Name (Last, First, Middle) <b>TAYLOR, KEVIN MAURICE</b>			D.O.B. <b>02/24/1988</b>	Age <b>26</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>SANFORD, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>210 Salamander Crk Lane, SANFORD, NC 27330</b>			Phone		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) <b>%, K ROC; TAYLOR, K ROC</b>			Hgt <b>5'00</b>	Wgt <b>125</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DARK</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RIGH FOREARM / "K ROC"</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>KIM TAYLOR</b>			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NARCOTICS / DRUGS</b>		<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 <b>225 E WEATHERSPOON ST, SANFORD</b>							
	Charge #1 <b>Poss W/intent To Sell A Controlled Substance</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)</b>	Warr. Date			
	Charge #2 <b>Manufacture,sell,deliver A Controlled Substance</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date			
	Charge #3 <b>Mfg,sell,del,posses Control Sub Within 1000 Ft Of Park</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(E)(10)</b>	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 <b>07/07/2014 00:00:00</b>		Place Confined <b>CHARLOTTE MECK</b>			Committing Magistrate						
	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 <b>\$18,500.00</b>		Trial Date		Court Of <b>District Court</b> City <b>SANFORD</b>					
	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:				
S T A T U S	Arresting Officer Signature/ID # <b>BULLARD, G. R. (88)</b>			Date/Time Submitted <b>07/07/2014 11:11</b>		Supervisor Signature <b>BULLARD, G. R.</b>						
	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							

### ARREST REPORT (Additional Charges)

Agency Name <b>Sanford Police Department</b>	ORI <b>0530100 S0005</b>	Date/Time Arrested <b>07/07/2014 11:11</b>	OCA <b>12002648</b>
Arrestee Name <b>TAYLOR, KEVIN MAURICE</b>			Arrest Number <b>30369</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
4) Possession Of Drug Paraphernalia	M	1	1834		90-113.22	