

ARREST REPORT

A G E N C Y	Agency Name Rocky Mount Police Department		ORI 0330100 R0013		Date/Time Arrested 07/05/2014 23:26		OCA 2014005189						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract P13		Residence Tract		Arrest Number 149312					
A R R E S T E E	Name (Last, First, Middle) TURNER, CLAUDE			D.O.B.		Age 51	Race B	Sex M	Place of Birth	Country of Citizenship			
	Current Address 701 Cedar Ln, TARBORO, NC 27836			Phone		Occupation		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name UNEMPLOYED			Address			Phone						
	Also Known As (Alias Names)			Hgt 5'07	Wgt 150	Hair BLK	Eyes BRO	Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name			Address			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 1171 JEFFREYS RD, ROCKY MOUNT								
	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	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 \$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:					
	C3068415 did possess less than 1/2 oz of marijuana 9.5gms												
S T A T U S	Arresting Officer Signature/ID # BOOKER, J. R. (5548)			Date/Time Submitted 07/05/2014 23:26			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							