ARREST REPORT

AGEN.	Agency Name							ORI			Date/Time Arrested OCA									
ΕΝ	Chapel Hill Police Department Taken Fingerprint Card Check Digit # (CKN)							0680100 Arrest Tract	0 C00								1411797 st Number			
ÇO	Taken Fingerprint Card Check Digit # (CKN) Prints Photos							Allest Hact			Residence Tract			3263						
A RR EST EE	Name (Last, First, Middle)								D.O.	D.O.B.		Age Rac		e Sex		F	Place of Birth		Country of Citizenship	
	MARKS, GRACE CHAUCER Current Address										4	6	W	F				us	O.1.201.011.p	
			hens Stree	7516	6	Phone Occupat Self						Employed Sesident Unknown Non-Resident								
	Employer's Name OWNER OF PLAYERS							Address				NKLIN ST. CHAPEL HIL				HILL,	L, NC Phone 919-929-0101			
	Also Known As (Alias Names)							'	5'(gt 19		Wgt H		ir O	Eyes HAZ			II	Drug/Alcohol No Unk	
	Scars, Marks, Tattoos							Social Secur				OLN and State					lisc. # and Type			
	Name	Deletion	News		I A dalaasa									II Phone						
		Relative			Address	Address						Phone								
- X F O - X F O - X F O							Crimina	al Summons	Warrant			Place of Arrest								
	Charge #1							Counts	DCI Code			101 STEPHENS ST, CHAPEL HILL Offense Jurisdiction (if not arresting agency) Statute # Warr. Date								
	Assăult-simple						1		0810			DUPLIN 14-33/S 09/19/20						09/19/2014		
	Charge #2 ☐ F ☐ M							Counts	DCIC	DCI Code		Offense Jurisdiction (if not arresting a				agency)	S	Warr. Date		
	Charge	#3				☐ Fel		Counts	DCIC	DCI Code C		Offense Jurisdiction (if not arresting				agency)	S	Warr. Date		
	VYR	Ma	ake	Model		☐ Misd Style		Color	Plate #	Plate #/State		VIN								
	Vehicle 1. ☐ Left at Scene ☐ Secured ☐ Unsecur							Date/Time												
	verilicie		☐ Released to ot				ecure e of Ot	ther	Date/1	ime										
	Date/Tir		☐ Impounded	☐ Place of	storage	onfined								II Com	mitting M		Inventory	on File?		
ОМZ-1200 О208														Committing Magistrate						
	Type Bond Written Promise Unsecured Socured No Road Other						00	Trial Date 10/13/2014 09:30				Court Of City District Criminal Court								
	Secured No Bond Other Assisting Officer Name/ID#						.00	<u> </u>		By (Name/Department/ID #										
Status	Usus L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																			
D R U G S			<u> </u>	200						1	Odrid	Ch	neck up to	3 types	of activity for	each				
	DCI Status Quantity Type				leasure			Suspected					1	Possess	Buy	Sale	Mfg.	Importing	Operating	
												+								
U TE											_									
ΣТ																				
													+							
C O M	Name:	Comp	olainant ∑	Addres	ss				•		•		Pł	none:						
P N	I served the criminal summons on the defendant, at her residence.																			
A R	I served the criminal summons on the derendant, at her residence.																			
R A T																				
i V E																				
S T	Arresting Officer Signature/ID #							Date/Time Submitted					Supervisor Signature CHAMBERS, N. L.							
A T	WHEELER, B. P. (6661) Case Status: Case Disposition:							09/21/2014 07:55 C					CH	AIVIDE	.RO, I	v. L.				
Ü S		ther Inv.	☑ Closed		By Arrest	/ No Supplemen	nt Need	ded												
			_ 5,0000			y														

DCI-608F Rev. 3/92