

## ARREST REPORT

A G E N C Y	Agency Name <b>Chapel Hill Police Department</b>				ORI <b>0680100 C0004</b>		Date/Time Arrested <b>07/09/2014 23:36</b>		OCA <b>1408507</b>							
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract <b>1A</b>		Arrest Number <b>32206</b>							
A R R E S T E E	Name (Last, First, Middle) <b>BOYKIN, ANTHONY LAMONTE</b>				D.O.B.		Age <b>45</b>		Race <b>B</b>		Sex <b>M</b>		Place of Birth		Country of Citizenship	
	Current Address <b>Streets, CHAPEL HILL, NC</b>				Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident							
	Employer's Name				Address				Phone							
	Also Known As (Alias Names)				Hgt <b>5'06</b>		Wgt <b>255</b>		Hair <b>BLK</b>		Eyes		Skin Tone <b>DBR</b>		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				Address				Phone							
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>				<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 <b>150 E FRANKLIN ST, CHAPEL HILL</b>							
	Charge #1 <b>Drug Paraphernalia</b>				<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>1834</b>		Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22</b>		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 checked="" type="checkbox"/> Other				Bond Amount <b>\$0.00</b>		Trial Date <b>08/11/2014 09:00</b>		Court Of <b>District Criminal Court</b>		City <b>HILLSBOROUGH</b>					
	Assisting Officer Name/ID # <b>0</b>				Released By (Name/Department/ID #) <b>GILMORE, J. P.</b>				Date/Time Released <b>07/09/2014 20:38:55</b>							
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:							
	<b>Subject was cited for the above charge and released.</b>															
S T A T U S	Arresting Officer Signature/ID # <b>GILMORE, J. P. (8797)</b>				Date/Time Submitted <b>07/09/2014 23:36</b>				Supervisor Signature <b>OPPEGARD, P. D.</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							