ARREST REPORT

A G N N	Agency		olice Depa		ORI 0140200 C001			Date/Time Arrested OCA 09/06/2014 21:15													
N F C O Y	Taken Fingerprint Card Check Digit # (CKN) Prints Photos							Arrest Tract		_	Residence										
	Name (Last, First, Middle) TAYLOR, LATANYA NICOLE								D.O.B. Age Race Sex						Place of Birth Country of Citizenship NY US						
A R R E S T E E	Current Address 518 Nw Horton PI, LENOIR, NC 28645								Phone 828-474-4709									Resident Unknown Non-Resident			
	Employer's Name UNEMPLOYED Also Known As (Alias Names)								Address Hgt Wgt					Wgt Hair Eyes Skir					Phone 828 kin Tone Consumed Drug/Alcohol		
	NICOLE RAY; "TAMMY" Scars, Marks, Tattoos							Social Secu	5'09		214 BL			K BRO			LT Yes No Unk				
	,	T	ATT LOW	Address									II Phone								
A R R E S T	Nearest Relative Name ABERNATHY, MELISSA TAYLOR If Armed, Type of Weapon							515 HORTON				N PL, LENOIR, NC 28645						828-474-0796			
	NOT APPLICABLE/NONE						Cita	Summons ation													
	Charge #1 Fail To Appear					Fel Misd	Counts 1		DCI Code 2640		Offense Jurisdiction (if not arresting ago					agency)		A-305	Warr. Date		
	Charge	#2			☐ Fel ☐ Misd	C	Counts	DCI Code Offer			Offense Jurisdiction (if not arresting agency)					Statute #		Warr. Date			
	Charge	#3				☐ Fel ☐ Misd	Counts		DCI Code	Offense Jurisdiction (if not arresting ag					agency)	S	Statute #	Warr. Date			
V E F O	VYR Make Model		Model	Style			Color	Plate #/State		VIN					-						
	Vehicle		☐ Left at Scene☐ Released to ot		Secured request	☐ Unse		ner	Date/Time												
CONF-NED	Date/Tir	3. [me Confi	Impounded ined		Inventory on File? Committing Magistrate																
	Type Bond Bond Amount							Trial Date Court Of City													
	☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other Assisting Officer Name/ID #						\$0.00 Released				By (Name/Department/ID #)				Da				ate/Time Released		
Status	L - Lost		- Stolon P - P	ocovorod	rod	B - Burned C - Counterfeit / Forged F - Found															
Codes A R R D G S T G S	L - Lost S - Stolen R - Recovered D - Damaged Z - Se DCI Status Quantity Type Measure							Suspected		17 T Orgeu		Check up t			to 3 types of activity for each						
	State Quality 1 ypo modoute										Pos	sess	Buy	Sale	Mfg.	Importing	Operating				
C M P	Name:	Comp	blainant□	Addres	INI USS									Phone:							
NARRATIVE																					
STATUS	Arresting Officer Signature/ID # CRISP, M. S. (MC2010)							/Time Subm	tted //			Supervisor Signature									
	Case Status: Case Disposition: Further Inv. Cleared By Arrest / No Supplement I Inactive Closed Arrest / No Investigation						t Need	ed	Arrestee	Sign	ature	"									
_	☐ ITIACTIVE ☐ Closed ☐ Arrest / No Investigation																				

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