ARREST REPORT

Α.	Agency	Name			ORI			Date/Time Arrested OCA					DA .							
G I E N N F	Sanford Police Department							053010	00 S0005	06	06/13/2014 0)8:15 140			4004429			
N F C O	Taken Fingerprint Card Check Digit # (CKN)							Arrest Trac	t	Res	Residence Tract			Ar	rest Num	ıber				
Ŷ	☐ Photos							300		300						30161				
	Name (Last, First, Middle) MCNEIL, DERRICK LAMONT								D.O.B. 07/11/197	7	Age Race Sex CH				Place of Birth APEL HILL, NC US					
ARRESTEE	Current Address								Phone			Occupation				I I Re	sident	Unknown		
	625 Williamsburg Ct, SANFORD, NC 27330												Unemployed Non-Resident							
	Employer's Name								Address								Phone			
	Also Kn	own As ((Alias Names)			Hgt	1	Wgt Ha		air Eyes		l si	in Tone	Consumed	Drug/Alcohol					
	.,,								6'00		185 BLK		1 1			ARK	ll .	☑ No ☐ Unk		
	Scars, Marks, Tattoos							Social Secu	urity #			LN and State			Misc. # and Type					
	Nearest	Relative	Name	!	Addres	SS		Phone												
							al Summons		ll l		Place of Arrest									
A R R E S T	Charge #1							tation Counts	Warrant DCI Code		625 WILLIAMSBURG CT, SANFORD Offense Jurisdiction (if not arresting agency) Statute # Warr. Date									
	Assault On A Female					☐ Fel 【 X Misd	1		0810									06/13/2014		
	Charge #2							Counts	DCI Code	С	Offense	Jurisdict	risdiction (if not arresting agency)				tatute #	Warr. Date		
						☐ Fel ☐ Misd														
	Charge	#3				☐ Fel		Counts	DCI Code	С	Offense Jurisdiction (if not arr			rresting	agency)	Statute #		Warr. Date		
						☐ Misd														
> E F O	VYR	VYR Make Model			Style			Color	Plate #/Stat	te			VIN				*			
	Vehicle 1. ☐ Left at Scene ☐ Secured ☐ Unsecure Date/Time																			
0			☐ Released to of ☐ Impounded	Place of		☐ Naiii	ie oi Oi									Inventory	on File?			
CONF-NE		ne Confi				Committing Magistrate														
	06/13/2014 08:30:00 LEE CO JAIL Type Bond Bond Amount							Trial Date				SANDRA JORDAN Court Of City								
	☐ Written Promise ☐ Unsecured						.00				District Court					SANFORD				
	☐ Secured 🔀 No Bond ☐ Other Assisting Officer Name/ID #					<u> </u>			d By (Name/Department/ID #)			(#) C				Date/Time Released				
D	O								,	Date/Time Released										
Status Codes	Status L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																			
ARREST AR UGS	DCI Status Quantity Type Measure							Suspecte	ed Type		4					up to 3 types of activity for each				
	2 States Sauring Type IV										Possess			Buy	Sale	Mfg.	Importing	Operating		
												_								
UTE																				
S T																				
-	 										-+			-						
C O M	Name:		olainant□	Victim 🔀				Address Phone:								ione:				
M P	JON	IES, I	NORA ISA	BELLE				505	505 Pleasant Hill Ch Rd, Siler City, NC											
N																				
A R R																				
À																				
i V																				
E		000	0' ' "- "				1 -	·	***		г	l o								
S T	Arresting Officer Signature/ID #							e/Time Subr	nitted 3/2014 08				Supervisor Signature							
A	JONES, D. S. (278) Case Status: Case Disposition:							00/1	SINGER, R. E.											
T U S	☐ Further Inv. ☐ Cleared By Arrest / No Supplement						nt Need	ded	Arrestee Signature											
	☐ Ina	ctive	☑ Closed	☐ Arrest /	No Investi	gation														

DCI-608F Rev. 3/92