

ARREST REPORT

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|--------------------------------------|---|--------|---|--------------------|--|--|---|---|--|---|------|-------------------------------------|-----------|
| A G E N C Y | Agency Name Wake Forest Police Department | | | | ORI 0920700 | | Date/Time Arrested 09/24/2014 10:37 | | OCA 14001403 | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | | Fingerprint Card Check Digit # (CKN) 4402HNC | | Arrest Tract Z3 | | Residence Tract Z4 | | Arrest Number 13121 | | | | |
| A R R E S T E E | Name (Last, First, Middle) CREWS, MIRANDA GRAYSON | | | | D.O.B. 10/30/1995 | | Age 18 | Race W | Sex F | Place of Birth | | Country of Citizenship US | |
| | Current Address 4410 Hillsgrove Rd, WAKE FOREST, NC 27587 | | | | Phone 919-630-2392 | | 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 5'00 | Wgt 100 | Hair BLN | Eyes XXX | Skin Tone FAR | 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 NOT APPLICABLE/NONE | | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant | | Place of Arrest 225 S TAYLOR ST, WAKE FOREST | | | | | | | | |
| | Charge #1 Larceny:felony | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72(A) 232 | | Warr. Date 09/23/2014 | | | |
| | 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 09/24/2014 10:43:00 | | Place Confined WAKE COUNTY JAIL | | | | Committing Magistrate MAGISTRATE | | | | | | |
| | Type Bond <input type="checkbox"/> Written Promise <input checked="" type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other | | Bond Amount \$10,000.00 | | Trial Date 10/14/2014 02:00 | | Court Of Wake County District | | City RALEIGH | | | | |
| | 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 |
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| C O M P | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address | | | | Phone: | | | | |
| | The subject turned herself in at the Police Department on a existing WFA. She was transported to the Wake County Jail. | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # HESS, H. C. (927) | | | | Date/Time Submitted 09/24/2014 10:37 | | | Supervisor Signature GODFREY, D. L. | | | | | |
| | 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 | | | | | | | |