

## ARREST REPORT

|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|--------------------------------------|---|--------|--|--------------|---|--|---|--|---|-----|--------------------------------------|------|-----------------------------|-----------|--|--|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>Rocky Mount Police Department</b>   |        |  |              | ORI<br><b>0330100 R0013</b>   |  | Date/Time Arrested<br><b>06/28/2014 03:27</b> |  | OCA<br><b>2014004998</b>  |     |                                      |      |                             |           |  |  |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos  |        | Fingerprint Card Check Digit # (CKN)                                     |              | Arrest Tract<br><b>P24</b>  |  | Residence Tract                               |  | Arrest Number<br><b>148965</b>  |     |                                      |      |                             |           |  |  |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>HINTON, KAYLA RHODES</b>   |        |  |              | D.O.B.  |  | Age<br><b>22</b>                              |  | Race<br><b>W</b>  |     | Sex<br><b>F</b>                      |      | Place of Birth<br><b>NC</b> |           | Country of Citizenship<br><b>US</b>  |  |
|                                      | Current Address<br><b>172 Hinton Crest Ln, ROCKY MOUNT, NC 27801</b>  |        |  |              | Phone<br><b>252-343-1798</b>  |  | Occupation                                    |  | <input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |     | <input type="checkbox"/> Unknown     |      |                             |           |  |  |
|                                      | Employer's Name<br><b>UNEMPLOYED</b>  |        |  |              | Address   |  |   |  | Phone   |     |                                      |      |                             |           |  |  |
|                                      | Also Known As (Alias Names)   |        |  |              | Hgt<br><b>5'05</b>  |  | Wgt<br><b>105</b>                             |  | Hair<br><b>BRO</b>  |     | Eyes<br><b>BLU</b>                   |      | Skin Tone<br><b>LIG</b>     |           | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |  |
|                                      | Scars, Marks, Tattoos   |        |  |              | Social Security #   |  | OLN and State                                 |  | Misc. # and Type  |     |                                      |      |                             |           |  |  |
|                                      | Nearest Relative Name   |        |  |              | Address   |  |   |  | Phone   |     |                                      |      |                             |           |  |  |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>  |        |  |              | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant |  |   |  | Place of Arrest<br><b>650 N FAIRVIEW RD/WINDSOR DR, ROCKY</b>                         |     |                                      |      |                             |           |  |  |
|                                      | Charge #1<br><b>Drug Violations</b>   |        | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd |              | Counts<br><b>1</b>  |  | DCI Code<br><b>1810</b>                       |  | Offense Jurisdiction (if not arresting agency)  |     | Statute #<br><b>90-95/108</b>        |      | Warr. Date                  |           |  |  |
|                                      | Charge #2<br><b>Drugs- Equipment/paraphernalia - Possessing/concealing</b>  |        | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd |              | Counts<br><b>1</b>  |  | DCI Code<br><b>1834</b>                       |  | Offense Jurisdiction (if not arresting agency)  |     | Statute #<br><b>90-113.4</b>         |      | Warr. Date                  |           |  |  |
|                                      | Charge #3   |        | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            |              | Counts  |  | DCI Code                                      |  | Offense Jurisdiction (if not arresting agency)  |     | Statute #                            |      | Warr. Date                  |           |  |  |
| V<br>E<br>H<br>I<br>C<br>L<br>E      | VYR<br><b>2011</b>  |        | Make<br><b>DODG</b>  |              | Model   |  | Style   |  | Color   |     | Plate #/State<br><b>CBV2894 NC 0</b> |      | VIN                         |           |  |  |
|                                      | Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time <b>06/28/2014 00:00</b><br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? <b>OWNS</b> |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined  |        |  |              | Place Confined  |  |   |  | Committing Magistrate   |     |                                      |      |                             |           |  |  |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other  |        |  |              | Bond Amount<br><b>\$0.00</b>  |  | Trial Date                                    |  | Court Of  |     | City                                 |      |                             |           |  |  |
|                                      | Assisting Officer Name/ID #<br><b>0</b>   |        |  |              | 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<br>R<br>U<br>G<br>S                | DCI   | Status | Quantity   | Type Measure | Suspected Type  |  |   |  | Check up to 3 types of activity for each  |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  | Possess   | Buy | Sale                                 | Mfg. | Importing                   | Operating |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
|                                      |   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>  |        |  |              | Address   |  |   |  | Phone:  |     |                                      |      |                             |           |  |  |
|                                      | <b>C33310838</b><br><b>did possess less than 1/2 oz of marijuana</b><br><b>did possess swisher sweets cigars and packages and a green grinder</b>   |        |  |              |   |  |   |  |   |     |                                      |      |                             |           |  |  |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>SCHUESSLER, Z. E. (6449)</b>   |        |  |              | Date/Time Submitted<br><b>06/28/2014 03:27</b>  |  |   |  | Supervisor Signature  |     |                                      |      |                             |           |  |  |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed   |        |  |              | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation   |  |   |  | Arrestee Signature  |     |                                      |      |                             |           |  |  |