

ARREST REPORT

A G E N C Y	Agency Name Sanford Police Department		ORI 0530100 S0005		Date/Time Arrested 08/17/2014 20:45		OCA 14006287					
	Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 200		Residence Tract 777C		Arrest Number 30701					
A R R E S T E E	Name (Last, First, Middle) COX, STEVEN TREY			D.O.B. 04/24/1989	Age 25	Race W	Sex M	Place of Birth	Country of Citizenship			
	Current Address 251 Goat Hill Ln, SANFORD, NC 27330			Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name			Address				Phone				
	Also Known As (Alias Names)			Hgt 5'08	Wgt 150	Hair BRO	Eyes GRE	Skin Tone	Consumed Drug/Alcohol <input checked="" 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 R R E S T	If Armed, Type of Weapon NONE / NOT APPLICABLE		<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 1385 COMFORT LN, SANFORD							
	Charge #1 Possession Of Marijuana		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(D)(4)	Warr. Date 08/17/2014			
	Charge #2 Possession Of Drug Paraphernalia		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1834	Offense Jurisdiction (if not arresting agency)		Statute # 90-113.22	Warr. Date 08/17/2014			
	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 type="checkbox"/> Other		Bond Amount \$0.00		Trial Date 10/07/2014 09:00		Court Of District Court		City SANFORD			
	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
C O M P	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address STATE OF NORTH CAROLINA, 225 E Weatherspoon St, Sanford, NC 27330				Phone:				
	NARRATIVE											
S T A T U S	Arresting Officer Signature/ID # AILERSON, K. J. (290)			Date/Time Submitted 08/19/2014 03:53		Supervisor Signature YOUNG, J. 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							