## ARREST REPORT

| Α.                          | Agency Name  |           |                    |             |                |                |       | ORI  | Date/         | Date/Time Arrested OCA |  |                  |                      |                |                                       |                    |                           |             |  |  |
|-----------------------------|--|-----------|--------------------|-------------|----------------|----------------|-------|--|---------------|------------------------|--|------------------|----------------------|----------------|---------------------------------------|--------------------|---------------------------|-------------|--|--|
| G I<br>E N<br>N F           | Rocky Mount Police Department                                  |           |                    |             |                |                |       | 033010                                     | 0 R0013       | 06/2                   | 23/2   | 014              | 19:43 2              |                |                                       | 2014004842         |                           |             |  |  |
| N F<br>C O                  | Taken Fingerprint Card Check Digit # (CKN)                     |           |                    |             |                |                |       | Arrest Tract                               |               | Resid                  | Residence Tract  |                  |                      | Arrest Nui     |                                       |                    | umber                     |             |  |  |
| Ϋ́                          | Photos   |           |                    |             |                |                |       | P43  |               | P3                     | P35  |                  |                      |                | 148813                                |                    |                           |             |  |  |
| A RRESTEE                   | Name (Last, First, Middle)                                     |           |                    |             |                |                |       | D.O.B.                                     |               |                        | Age Race Sex   |                  |                      |                | Place of Birth Country of Citizenship |                    |                           |             |  |  |
|                             | ARTIS, PATRICIA ANNETTE  |           |                    |             |                |                |       |  |               |                        | 27   | I I ROCYMOUNI II |                      |                |                                       |                    |                           |             |  |  |
|                             | Current Address  |           |                    |             |                |                |       |  | Phone         | T                      | Occupation   |                  |                      | <b>I I</b> Re  | sident                                | Unknown            |                           |             |  |  |
|                             | 220 Arlington Cir, ROCKY MOUNT, NC 27801                       |           |                    |             |                |                |       |  | 252-458-3117  |                        |  |                  |                      |                |                                       | II                 | n-Resident                |             |  |  |
|                             |  | er's Nam  |                    |             |                |                |       | Address                                    |               |                        |  |                  |                      |                |                                       |                    | Phone                     |             |  |  |
|                             |  |           | OYED (Alias Names) |             |                | Hgt            | I w   | Wgt F                                      |               | Hair Eyes              |  |                  | kin Tone             | d Drug/Alcohol |                                       |                    |                           |             |  |  |
|                             | ,  |           |                    |             |                |                |       |  | 5'00          | 1                      | -  |                  | LK BRO               |                |                                       | DAR                | IZ No ☐ Unk               |             |  |  |
|                             | Scars, Marks, Tattoos  |           |                    |             |                |                |       | Social Secu                                |               |                        | OLN and State  |                  |                      |                |                                       |                    | flisc. # and Type         |             |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             | Nearest  | Relative  | e Name             | !           | Address        |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| A RR FO                     | If Armed, Type of Weapon ☐ On-View ☐ Crin                      |           |                    |             |                |                |       | imai Summons                               |               |                        |  | lace of Arrest   |                      |                |                                       |                    |                           |             |  |  |
|                             | 1101711   110712   1   |           |                    |             |                |                |       |  | Warrant       | 305 COKEY RD, RC       |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             | Charge #1 Simple Physical Assault                              |           |                    |             |                |                |       | Counts                                     | DCI Code      | Off                    | Offense Jurisdiction (if not arresting agency)  Statute # William Will |                  |                      |                |                                       |                    | Warr. Date                |             |  |  |
|                             | ☑ Misd   |           |                    |             |                |                |       |  | 0810          |                        |  |                  |                      |                |                                       | 14-33B             |                           | 06/23/2014  |  |  |
|                             | Charge #2  |           |                    |             |                |                |       | Counts                                     | DCI Code      | Off                    | Offense Jurisdiction (if no  |                  |                      | rresting       | agency)                               | Statute #          |                           | Warr. Date  |  |  |
|                             | ☐ Misd   |           |                    |             |                |                |       |  | 2010 1        |                        | , .  |                  |                      |                |                                       |                    |                           | W 5 :       |  |  |
|                             | Charge #3  |           |                    |             |                |                |       | Counts                                     | DCI Code      | Off                    | Offense Jurisdiction (if not arre  |                  |                      |                | agency)                               | ١                  | Statute #                 | Warr. Date  |  |  |
|                             | UYR Make Model Style   |           |                    |             |                |                |       | 0.1  | Dist. #/01-1- |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| V E F<br>H O                | VYR  | INI       | аке                | Model       | ;              | Style          |       | Color                                      | Plate #/State |                        |  |                  | VIN                  |                |                                       |                    |                           |             |  |  |
|                             | Vehicle  | 1         | ☐ Left at Scene    |             | Secured        | ☐ Unse         | ecure |  | Date/Time_    |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           | Released to ot     |             |                | ☐ Name         |       | her  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           | ☐ Impounded        | ☐ Place of  |                |                |       |  |               |                        |  |                  | По                   |                |                                       | Inventory          | on File?                  |             |  |  |
| BOND<br>F-NED               | Date/Time Confined Place Confined NASH COUNTY                  |           |                    |             |                |                |       | IAIL Committing Magistrate YOLANDA SPELLER |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             | Type Bond Bond Amount  |           |                    |             |                |                |       | Trial Date Cou                             |               |                        |  | t Of             | of City              |                |                                       |                    |                           |             |  |  |
|                             | ☐ Written Promise ☐ Unsecured ☐ Secured ☑ No Bond ☐ Other \$0. |           |                    |             |                |                | .00   | 0 07/28/2014 09:00                         |               |                        | District Court - Nash  |                  |                      |                | h                                     | ROCKY MOUNT        |                           |             |  |  |
|                             | Assisting Officer Name/ID #                                    |           |                    |             |                |                |       | Released By (Name/Department/              |               |                        |  | ent/ID #)        |                      |                |                                       | Date/Time Released |                           |             |  |  |
| Status                      | U L  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| Codes                       | L - Los  | t S-      | - Stolen R - R     | ecovered    | D - Dama       | ged Z - Seiz   | zed   | B - Burned                                 | C - Counter   | rfeit / Fo             | orged  | F-1              | Found                |                |                                       | 0.1                |                           |             |  |  |
| D A                         | DCI Status Quantity Type Measure                               |           |                    |             |                |                |       | Suspected Type                             |               |                        |  | 4                | Possess              | Buy            | Sale                                  | Mfg.               | of activity for Importing | П           |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  | . 000000             | - Suy          | Gaio                                  | g.                 | porung                    | Operating . |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| RAR                         |  |           |                    |             |                |                |       |  | _             |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| D R<br>R AR<br>U T S<br>G S |  |           |                    |             |                |                |       |  | _             |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| ΣТ                          |  |           |                    |             |                |                |       |  |               |                        |  | $\dashv$         |                      |                |                                       |                    |                           |             |  |  |
| ŀ                           |  |           |                    | +           | <del>-  </del> |                |       |  |               |                        |  | +                |                      |                |                                       |                    |                           |             |  |  |
| İ                           |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| C<br>O<br>M                 | Name:  | Comp      | olainant 🍱         | Victim      |                |                |       | Addres                                     | s             |                        |  |                  |                      |                |                                       | Ph                 | none:                     |             |  |  |
| M<br>P                      |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| Ŋ                           | New Charges  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| A<br>R<br>R                 | Dome   | estic     | : Violence         | 1           |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| Ä                           |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| 1                           |  |           |                    |             |                |                |       |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
|                             |  |           |                    |             |                |                | _     | Date/Time Submitted                        |               |                        |  |                  | Supervisor Signature |                |                                       |                    |                           |             |  |  |
| I<br>V<br>E                 | Arrestin   | g Officer | r Signature/ID #   |             |                |                | Date  |  |               |                        |  |                  |                      |                |                                       |                    |                           |             |  |  |
| S<br>T<br>A                 |  |           | r Signature/ID #   |             | -              |                | Date  |  | /2014 19:     |                        |  |                  | visor Signa          |                | S.                                    |                    |                           |             |  |  |
| S<br>T                      | Case S   |           | WALKER             | Case Dispos | sition:        | / No Supplemen |       | 06/23                                      |               |                        | e  |                  |                      |                | S                                     |                    |                           |             |  |  |

DCI-608F Rev. 3/92