

ARREST REPORT

A G E N C Y	Agency Name Sanford Police Department		ORI 0530100 S0005		Date/Time Arrested 07/27/2014 17:10		OCA 14005719						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract 400		Residence Tract 400		Arrest Number 30547					
A R R E S T E E	Name (Last, First, Middle) MURCHISON, ALIZE DOMINQUE			D.O.B. 02/09/1998		Age 16		Race B	Sex F	Place of Birth	Country of Citizenship US		
	Current Address 217 Hickory Ave, SANFORD, NC 27330			Phone		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 5'04	Wgt 260	Hair BRO	Eyes BRO	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 RYAN AVE/CANNON CIR, SANFORD								
	Charge #1 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 07/28/2014				
	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		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 08/21/2014 00:00		Court Of District Court		City SANFORD				
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #) COX, A. T.				Date/Time Released 07/27/2014 00:00:00				
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 type="checkbox"/> Victim <input type="checkbox"/>			Address					Phone:				
	NARRATIVE												
S T A T U S	Arresting Officer Signature/ID # COX, A. T. (211)			Date/Time Submitted 07/27/2014 17:10			Supervisor Signature GENTHE, W. C.						
	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							