

COMMONWEALTH OF KENTUCKY
UNIFORM CITATION

KSP 206 (REV 2/1/06)

COURT

OFFENDER / VIOLATOR	AGENCY <i>Martin Co. Sheriff's Office</i>		ORI: <i>KY 080.0000</i>											
	NAME (L-F-M) SKIP A SPACE BETWEEN NAMES <i>Cole Alexandria L</i>		ATTN: <input type="checkbox"/> HOME PHONE											
	ALIASES		EMERGENCY PHONE											
	ADDRESS (RD/ST/BLVD/ADT NO. ETC.)		KENTUCKY RESIDENT STATUS F <input checked="" type="checkbox"/> FULL TIME P. <input type="checkbox"/> PART TIME N. <input type="checkbox"/> NON RESIDENT											
	CITY: <i>Inez</i> STATE: <i>KY</i> ZIP: <i>41224</i>		MARITAL STATUS											
	ID. TYPE/STATE <i>04/KY</i>	ID. NUMBER <i>C11-099-511</i>	S.S. NUMBER											
	DATE OF BIRTH <i>01/20/93</i>	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKAN <input type="checkbox"/> ASIAN											
	PLACE OF EMPLOYMENT / OCCUPATION		ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC											
	CITY STATE		HEIGHT	WEIGHT HAIR COLOR EYE COLOR										
	VEH. MAKE		VEH. TYPE	VEH. YEAR COLOR TOP/BOTTOM										
REG. STATE		REG. YEAR	REGISTRATION NO. VEHICLE IDENTIFIERS MPH IN MPH ZONE VOL. KEY											
DATE / TIME	VIOLATION DATE	VIOLATION TIME	EXACT LOCATION OF VIOLATION / ARREST		B.A. RESULTS									
	DATE OF ARREST	TIME OF ARREST	MILES DIRECTION CITY	COUNTY OF VIOLATION	SECTOR									
CHARGE(S)	VIOLATION CODE	ASCF	STATUTE / ORD.	CHARGES	#	PLEA	FIND-ING	FINAL VIOLATION CODE	DISPN. CODE	FINE	COSTS	FEE	JAIL / PRISON	PROB. TIME
	<i>42330</i>	<i>0</i>	<i>218A.142</i>	<i>1</i>	<i>1</i>									
	<i>42081</i>	<i>0</i>	<i>218A.500-2</i>	<i>1</i>	<i>2</i>									
						<i>3</i>								
						<i>4</i>								
COURT	COURT DATE	COURT TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PAYABLE <input type="checkbox"/> COURT	COURT LOCATION		COURT CASE NO.		DISPN. DATE	TRIAL <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> N	CLERK'S INITIALS				
	<i>09/16/13</i>	<i>9:00</i>	<input checked="" type="checkbox"/>	<i>Martin</i>										
POST-ARREST COMPLAINT	POST-ARREST COMPLAINT													
	<i>1) Poss of Marijuana</i>													
	<i>2) Drug paraphernalia Buy, Poss</i>													
<i>Had a call of this subject fighting with others. When on scene this subject let us into the home and could see what looked to be marijuana on the the counter top. Also 2 pipes, grinder scales laying next to it. Also this subject open her hand bag up and I could see to bags with more marijuana inside. Subject stated it was her's and her boy friend that lives there with her.</i>														
CDL	CDL LICENSE <input type="checkbox"/> No <input type="checkbox"/> Yes		PLACARDED HAZARDOUS VEHICLE <input type="checkbox"/> No <input type="checkbox"/> Yes		YEAR									
	COMMERCIAL VEHICLE <input type="checkbox"/> No <input type="checkbox"/> Yes		CDL CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C											
CASE	NAME OF WITNESS		ADDRESS		CONTROL NUMBER									
	NAME OF WITNESS		CITY/STATE											
	NAME OF WITNESS		ADDRESS											
	CASE NO. 1	2	3	4										
	CARRIED FOR UCR BY CONTRIBUTOR: <input checked="" type="checkbox"/>		<input type="checkbox"/> IN-CAR VIDEO			<input type="checkbox"/> FINGERPRINTS	EVIDENCE HELD							
OTHER AGENCY: <input type="checkbox"/> SPECIFY		<input type="checkbox"/> PHOTOS												
OFFICER'S SIGNATURE <i>X [Signature]</i>		BADGE / I.D. NUMBER <i>27</i>		ASSIGNMENT <i>CO</i>										

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