

COMMONWEALTH OF KENTUCKY
UNIFORM CITATION

COURT

YEAR 13

CONTROL NUMBER BH969952

TYPE 2

OFFENDER/VIOLATOR	AGENCY: MARTIN COUNTY SHERIFF DEPT. ORI: 0800000																																																		
	NAME: LAST, FIRST, MI, FILIAL: LOCKETT, DILLON																																																		
	ALIAS NAME: LAST, FIRST, MI, FILIAL																																																		
	ADDRESS (NUMBER, NAME, SUFFIX)																																																		
	CITY: IOWA PARK STATE: TX ZIP CODE/EXTENSION: 76367					MARITAL STATUS: SINGLE VICTIM'S RELATIONSHIP TO OFFENDER																																													
	ID TYPE: ID		ID STATE: KY		ID NUMBER		S. S. NUMBER		HEIGHT: 5'08" WEIGHT: 200		HAIR COLOR: WHITE EYE COLOR: BROWN																																								
	<input type="checkbox"/> F. FULL-TIME <input type="checkbox"/> P. PART-TIME <input checked="" type="checkbox"/> N. NON RESIDENT																																																		
	<input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE																																																		
	DATE OF BIRTH: 03/28/1991 SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE					RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN																																													
	PLACE OF EMPLOYMENT/OCCUPATION: CITY: STATE:																																																		
VEHICLE	VEHICLE MAKE			VEHICLE MODEL			VEH. YEAR		VEHICLE COLOR																																										
	VEH. TYPE: KY REGISTRATION: STATE, YEAR, NUMBER VEHICLE IDENTIFIERS MPH IN MPH ZONE VIOL. KEY																																																		
	VIOLATION DATE: 07/10/2013 VIOLATION TIME: 7:30AM EXACT LOCATION OF VIOLATION: KY1439																																																		
DATE/TIME	ARREST DATE: 07/10/2013			TIME OF ARREST: 7:30AM			EXACT LOCATION OF ARREST: KY1439		MILES DIRECTION: 3 S CITY: PILGRIM																																										
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CHARGES AND POST-ARREST COMPLAINT	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER</th> <th>VIOLATION CODE</th> <th>ASCF</th> <th>STATUTE/ORD.</th> <th>CHARGE(S)</th> <th>STARTING CASE</th> <th>ENDING CASE</th> <th>DRUG TYPE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>of 1</td> <td>02303</td> <td>0</td> <td>525.100</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	DRUG TYPE	1	of 1	02303	0	525.100	1				of								of								of						
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	Charge 1: PUBLIC INTOXICATION-CONTROLL SUB(EXCLUDES ALCOHOL)																																																		
	I was dispatched to Wolf Creek on a man laying beside the road, on my way to wolf creek dispatch said he was up walking in the middle of the road when I arrived Mr Dillion was walkon the left side of the road. He had HGN and felled the leg lift on the count of 15 had problem following direction.																																																		
	COURT DATE: COURT TIME: <input type="checkbox"/> PAYABLE <input checked="" type="checkbox"/> COURT COURT LOCATION: MARTIN																																																		
COURT CASE NUMBER: TOTAL PREPAYABLE AMOUNT: NOT PREPAYABLE																																																			
CASE	WITNESS 1 NAME: LAST, FIRST, MI, FILIAL: STATE: ZIP CODE:																																																		
	WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX): CITY:																																																		
	WITNESS 2 NAME: LAST, FIRST, MI, FILIAL: STATE: ZIP CODE:																																																		
	WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX): CITY:																																																		
<input type="checkbox"/> CARRIED FOR UCR BY OTHER AGENCY SPECIFY:																																																			
OFFICER SIGNATURE: PREECE, G.					BADGE/I.D. NUMBER: 1		ASSIGNMENT: COUNTY		<input checked="" type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> FINGERPRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> EVIDENCE HELD																																										