COMMONWEALTH OF KENTUCKY

UNIFORM CITATION

COURT

OFFENDER/VIOLATOR

AGENCY: MARTIN COUNTY SHERIFF DEPT.
ORI: 0800000
NAME: LAST, FIRST, MI, FILIAL: HOWELL, MARTIN T.
ATTN: ☐
HOME PHONE: UNKNOWN
ALIAS NAME: LAST, FIRST, MI, FILIAL:
EMERGENCY PHONE: UNKNOWN
ADDRESS (NUMBER, NAME, SUFFIX):
KENTUCKY RESIDENT STATUS: ☑ F: FULL-TIME ☐ P: PART-TIME ☐ N: NON RESIDENT

CITY	STATE	ZIP CODE/EXTENSION	MARITAL STATUS	VICTIM'S RELATIONSHIP TO OFFENDER
LOVELY	KY	41231	MARRIED	

ID TYPE	ID STATE	ID NUMBER	S. S. NUMBER	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
XX				6'01"	230	BROWN	BROWN

☐ COMMERCIAL VEHICLE ☐ PLACARDED HAZARDOUS VEHICLE

ETHNIC ORIGIN: ☐ HISPANIC ☑ NON HISPANIC

ALCOHOL/DRUG INVOLVEMENT: ☐ ALCOHOL ☐ DRUGS ☑ UNKNOWN

DATE OF BIRTH	SEX	RACE
01 04 1978	☑ MALE ☐ FEMALE	☑ WHITE ☐ BLACK ☐ AM. INDIAN OR ALASKA ☐ ASIAN

B.A. RESULTS: ☐ BREATH ☐ BLOOD ☐ URINE

PLACE OF EMPLOYMENT/OCCUPATION	CITY	STATE

VEHICLE

VEHICLE MAKE	VEHICLE MODEL	VEH. YEAR	VEHICLE COLOR

VEH. TYPE	REGISTRATION: STATE, YEAR, NUMBER	VEHICLE IDENTIFIERS	MPH	IN MPH ZONE	VIOL. KEY
	KY				

DATE/TIME

VIOLATION DATE	VIOLATION TIME	EXACT LOCATION OF VIOLATION	MILES	DIRECTION	CITY	SECTOR
08 10 2013	10:30PM	KY1714			LOVELY	
				COUNTY: MARTIN		

ARREST DATE	TIME OF ARREST	EXACT LOCATION OF ARREST	MILES	DIRECTION	CITY	SECTOR
08 10 2013	10:30PM	KY1714			LOVELY	
				COUNTY: MARTIN		

CHARGES AND POST-ARREST COMPLAINT

NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	DRUG TYPE
1 of 2	02906	0	514.030	1			
2 of 2	02906	0	525.100	1			
of							
of							

POST-ARREST COMPLAINT

Charge 1: EXECUTION OF BENCH WARRANT FOR TBUT OR DISP SHOPLIFTING (23039).
Charge 2: EXECUTION OF BENCH WARRANT FOR PUBLIC INTOXICATION-CONTROLL SUB(EXCLUDES ALCOHOL) (02303).

Serving Martin County bench warrant for case 13-M-00044. This officer has no further information.

COURT

COURT DATE	COURT TIME		COURT LOCATION
ARRESTED		☐ PAYABLE ☑ COURT	MARTIN

COURT CASE NUMBER:
TOTAL PREPAYABLE AMOUNT: NOT PREPAYABLE

YEAR: 13
CONTROL NUMBER: BL84240

CASE

WITNESS 1 NAME: LAST, FIRST, MI, FILIAL:
STATE: ZIP CODE:
WITNESS 1 ADRRESS (NUMBER, STREET, SUFFIX):
CITY:
WITNESS 2 NAME: LAST, FIRST, MI, FILIAL:
STATE: ZIP CODE:
WITNESS 2 ADRRESS (NUMBER, STREET, SUFFIX):
CITY:

☐ CARRIED FOR UCR BY OTHER AGENCY SPECIFY:

☐ IN-CAR VIDEO ☑ FINGERPRINTS ☑ PHOTOS ☐ EVIDENCE HELD

OFFICER SIGNATURE	BADGE/I.D. NUMBER	ASSIGNMENT
HOWELL, S.	15	COUNTY

TYPE: 3