

COMMONWEALTH OF KENTUCKY  
UNIFORM CITATION

COURT

YEAR 13 CONTROL NUMBER BM71667 TYPE 3

OFFENDER/VIOLATOR	AGENCY MARTIN COUNTY SHERIFF DEPT.				ORI: 0800000		
	NAME: LAST, FIRST, MI, FILIAL CLINE, STEPHANIE N.				ATTN: _____ HOME PHONE: _____		
	ALIAS NAME: LAST, FIRST, MI, FILIAL				EMERGENCY PHONE UNKNOWN		
	ADDRESS (NUMBER, NAME, SUFFIX)				KENTUCKY RESIDENT STATUS		
					<input checked="" type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT		
	CITY INEZ		STATE KY	ZIP CODE/EXTENSION 41224		MARITAL STATUS MARRIED	
	ID TYPE XX	ID STATE	ID NUMBER	S. S. NUMBFP	HEIGHT 5'05"	WEIGHT 125	
	<input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE		ETHNIC ORIGIN		HAIR COLOR BLACK		
	DATE OF BIRTH 05   01   1988		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 ALASKA <input type="checkbox"/> ASIAN		EYE COLOR GREEN	
	PLACE OF EMPLOYMENT/OCCUPATION				CITY		

VEHICLE	VEHICLE MAKE		VEHICLE MODEL	VEH. YEAR	VEHICLE COLOR
	VEH. TYPE	REGISTRATION: STATE, YEAR, NUMBER		VEHICLE IDENTIFIERS	

DATE/TIME	VIOLATION DATE		VIOLATION TIME	EXACT LOCATION OF VIOLATION		MILES	DIRECTION	CITY
	11	10	2011	10:03AM				
	ARREST DATE		TIME OF ARREST	EXACT LOCATION OF ARREST		MILES	DIRECTION	CITY
	07	18	2013	5:40PM	CRUM BRANCH RIGHT FORK RD			DEBORD

CHARGES AND POST-ARREST COMPLAINT	NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	DRUG TYPE
	1	of 1	02906	0	222.202(1)	1		
		of						
		of						
		of						

POST-ARREST COMPLAINT  
Charge 1: EXECUTION OF BENCH WARRANT FOR ALCOHOL INTOX IN A PUBLIC PLACE (1ST & 2ND OFFENSE (02304).  
Executed bench warrant on case number 11-M-00167. This deputy has no information on this case.

COURT	COURT DATE	COURT TIME	<input type="checkbox"/> PAYABLE	COURT LOCATION	
	ARRESTED		<input checked="" type="checkbox"/> COURT	MARTIN	
CASE	COURT CASE NUMBER	TOTAL PREPAYABLE AMOUNT	NOT PREPAYABLE		
	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: _____		<input checked="" type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> FINGERPRINTS <input checked="" type="checkbox"/> PHOTOS <input checked="" type="checkbox"/> EVIDENCE HELD			
OFFICER SIGNATURE TIPTON, B. <i>[Signature]</i>		BADGE/I.D. NUMBER 27	ASSIGNMENT CO		