

1. NYSID No. 9999999J		OBTS No.		New York State ARREST REPORT			3. Case No. NR-CR-02072-15		4. Ref. No.		40																																
5. FBI No.		6. Arrest No. NR-AR-01640-15		7. Agency New Rochelle Police Department			8. Division / Precinct NRPD		4a.																																		
DEPENDANT INFORMATION						9. Name (Last, First, Middle) FLOWERS, KAMAL			10. Alias / Nickname / Maiden Name (Last, First, Middle)			11. Phone Number																															
						12. Street Number and Name, Building No., Apt. No.			13. City, State, Zip (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> New Rochelle, NY 10801-4876			14. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk		15. Place of Birth																													
16. Date of Birth 19		18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown		20. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																			
22. Height 6 4		23. Weight 0		24. Hair XXX		25. Eyes BRO		25. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Contacts		27. Build <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large		28. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Unknown		29. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of																											
31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe)																																	
37. Arresting Officer O'ROURKE, MICHAEL		38. ID No. 7751		39. Assisting Officer		40. ID No.		41. Arrest Date 11 02 15		42. Time 1756		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> 475 NORTH AVE NEW ROCHELLE NY																															
44. Juvenile Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/Ill			46. Weapon(s) At Arrest			47. Co-defendants Arrest No.																																			
48. Miranda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Miranda by O'ROURKE, MICHAEL		50. Miranda Date 11 02 15		51. Miranda Time 1758		52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo																													
56. Arraignment Court		57. Arraignment Judge		58. Date 11 02 15		59. Time 1758		60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61a. Processed By		61b. Disposition																													
62. Incident No. NR-EV-24774-15		63. Arrestee Status <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input type="checkbox"/> Held <input type="checkbox"/> Rel to 3rd Party			64. Bail Amount		65. Bondsman		66. Photo. No.																																		
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT			68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency		71. F / P Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																		
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NY			73. Offense Date 05 15 15		74. No. Offenders 1		75. No. Victims 0		76. Return Court		77. Return Judge		78. Return Date Mo: Day: Yr:		79. Time																												
80. Defendant / Case TOT Agency				80a. Officer's Name				80b. ID No.		81. Time		82. Date Mo: Day: Yr:																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>83 LAW</th> <th>Article & Section</th> <th>SUB</th> <th>CL</th> <th>CAT</th> <th>DEG</th> <th>ATT</th> <th>NAME OF OFFENSE</th> <th>CTS</th> <th>NCIC code</th> <th>Age</th> <th>Sex</th> <th>Handicap</th> <th>VICTIM</th> <th>ASSOC. NO.</th> <th>TYPE</th> </tr> </thead> <tbody> <tr> <td>PL</td> <td>160.15</td> <td></td> <td>B</td> <td>F</td> <td>1</td> <td>O</td> <td>ROBBERY-1ST</td> <td>1</td> <td>1 2 9 9</td> <td></td> <td></td> <td></td> <td></td> <td>NR-CR-02072-15</td> <td> <input type="checkbox"/> APP <input type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH </td> </tr> </tbody> </table>												83 LAW	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	NCIC code	Age	Sex	Handicap	VICTIM	ASSOC. NO.	TYPE	PL	160.15		B	F	1	O	ROBBERY-1ST	1	1 2 9 9					NR-CR-02072-15	<input type="checkbox"/> APP <input type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
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84. Person Type EM = Employer OT = Other SP = Spouse CD = Co-Defendant SC = School PO = Parole Officer VI = Victim RE = Relative RP = Religious Person CH = Child PA = Parent AS = Associate LA = Lawyer PR = Probation Officer WI = Witness CO = Complainant DR = Doctor																																											
TYPE		NAME (LAST, FIRST, MIDDLE, TITLE)				STREET-NAME & NUMBER				CITY / STATE / ZIP				TELEPHONE NO.																													
85. booked in absentia, subject in custody @ WCJ																																											
86. Arresting Officer's Signature				87. ID No.				88. Supervisor's Signature				89. ID No.																															
90. Arrest Made As A Result Of A SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				91.				92.				93.																															
														94. 1 Page 1 of pages																													

1. NYSID No. 11666575R		OBTS No.		New York State ARREST REPORT				3. Case No. NR-CR-05537-15		4. Ref. No.		4b																																																																							
5. FBI No.		6. Arrest No. NR-AR-01915-15		7. Agency New Rochelle Police Department				8. Division / Precinct NRPD		4a.																																																																									
DEFENDANT INFORMATION						9. Name (Last, First, Middle) FLOWERS, KAMAL						10. Alias / Nickname / Maiden Name (Last, First, Middle)						11. Phone Number																																																																	
						12. Street Number and Name, Building No., Apt. No. NEW ROCHELLE, NY 10801-4876						13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE, NY 10801-4876						14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk						15. Place of Birth NEW ROCHELLE																																																											
16. Date of Birth			17. Age 20			18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U			19. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown			20. Ethnic <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown			21. Skin <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																																				
22. Height 6		23. Weight 3		24. Hair 175		25. Eyes BLK		25. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		27. Build <input type="checkbox"/> Small <input type="checkbox"/> Med <input checked="" type="checkbox"/> Large		28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of																																																																			
31. Social Security No.			32. Education			33. Religion			34. Occupation			35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb																																																																					
37. Arresting Officer GOLDSTEIN, AARON			38. ID No. 9205			39. Assisting Officer AGUILAR, ADALBERTO			40. ID No. 10026			41. Arrest Date 12 10 15		42. Time 1810		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> 28 BROOK ST NEW ROCHELLE NY																																																																			
44. Juvenile Juv. No. Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III						46. Weapon(s) At Arrest						47. Co-defendants Arrest No.																																																																					
48. Miranda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Miranda by GOLDSTEIN, AARON		50. Miranda Date 12 10 15		51. Miranda Time 1750		52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo																																																																					
56. Arraignment Court			57. Arraignment Judge			58. Date			59. Time			60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61a. Processed By		61b. Disposition																																																																	
62. Incident No. NR-EV-64118-15			63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party						64. Bail Amount			65. Bondsman			66. Photo. No.																																																																				
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT						68. Warrant No.			69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			70. Other Agency						71. F / P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																	
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE NY						73. Offense Date 12 10 15			74. No. Offenders 1			75. No. Victims 0			76. Return Court NEW ROCHELLE		77. Return Judge		78. Return Date 12 11 15		79. Time 0900																																																														
80. Defendant / Case TOT Agency						80a. Officer's Name						80b. ID No.			81. Time		82. Date Mo Day Yr																																																																		
83. LAW												VICTIM												ASSOC. NO.												TYPE																																															
PL												120.00												A M 3 O												ASSAULT -3RD												1 1 3 9 9																								APP UTT OTH APP UTT OTH APP UTT OTH APP UTT OTH APP UTT OTH											
84. Person Type EM = Employer OT = Other SP = Spouse CD = Co-Defendant SC = School PO = Parole Officer VI = Victim RE = Relative RP = Religious Person CH = Child PA = Parent AS = Associate LA = Lawyer PR = Probation Officer WT = Witness CO = Complainant DR = Doctor												TYPE												NAME (LAST, FIRST, MIDDLE, TITLE)												STREET-NAME & NUMBER												CITY / STATE / ZIP												TELEPHONE NO.																							
85.																																																																																			
86. Arresting Officer's Signature						87. ID No.						88. Supervisor's Signature						89. ID No.						94. 1 Page																																																											
90. Arrest Made As A Result Of A SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						91.						92.						93.						of 1 pages																																																											

1. NYSID No. 11666575R		OBTS No.		New York State ARREST REPORT			3. Case No. NR-CR-00777-17		4. Ref. No.																			
5. FBI No.		6. Arrest No. NR-AR-00236-17		7. Agency New Rochelle Police Department			8. Division / Precinct NRPD		4a.																			
DEPENDANT INFORMATION	9. Name (Last, First, Middle) FLOWERS, KAMAL N						10. Alias / Nickname / Maiden Name (Last, First, Middle)			11. Phone Number																		
	12. Street Number and Name, Building No., Apt. No.				13. City, State, Zip NEW ROCHELLE, NY 10801-4876		14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk		15. Place of Birth NEW ROCHELLE																			
	16. Date of Birth 95 21		17. Age 21		18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																	
	22. Height 6 3		23. Weight 175		24. Hair BLK		25. Eyes BRO		25. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		27. Build <input type="checkbox"/> Small <input type="checkbox"/> Med <input checked="" type="checkbox"/> Large																	
	28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of		31. Social Security No.		32. Education		33. Religion																	
34. Occupation		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb																								
ARREST INFORMATION	37. Arresting Officer JONES, DWAYNE		38. ID No. 10559		39. Assisting Officer GUGLIELMO, CHRISTOPHER		40. ID No. 9974		41. Arrest Date 02 24 17		42. Time 0016		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> 53 HORTON AVE NEW ROCHELLE NY															
	44. Juvenile <input type="checkbox"/> Juv-No <input type="checkbox"/> Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III				46. Weapon(s) At Arrest		47. Co-defendants Arrest No.																			
	48. Miranda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Miranda by GUGLIELMO, CHRISTOPHER		50. Miranda Date 02 24 17		51. Miranda Time 0027		52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo													
	56. Arraignment Court NEW ROCHELLE		57. Arraignment Judge		58. Date 02 24 17		59. Time 0900		60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61a. Processed By		61b. Disposition													
	62. Incident No. NR-EV-09638-17		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party				64. Bail Amount 500		65. Bondsman		66. Photo No.																	
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input checked="" type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency		71. F / P Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE NY		73. Offense Date		74. No. Offenders 1		75. No. Victims 0		76. Return Court NEW ROCHELLE		77. Return Judge		78. Return Date 02 24 17		79. Time 0900														
80. Defendant / Case TOT Agency				80a. Officer's Name				80b. ID No.		81. Time		82. Date Mo Day Yr																
CHARGE INFORMATION	83. LAW		Article & Section		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE				CTS		NCIC code		VICTIM Age Sex Handicap		ASSOC. NO.		TYPE	
	PL		265.01		01		A		M		4		O		CRIM POSS WEAP FIREARM/KNIFE				1		5 2 1 2				NR-CR-00777-17		<input type="checkbox"/> APP <input checked="" type="checkbox"/> UTT <input type="checkbox"/> OTH	
	CC		83		1				0				O		DRINKING/OPEN CONTAINER OF ALCOHOLIC BEVERAGE IN PUBLIC PLACE				1						<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
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1. NYSID No. 11666575R		OBTS No.		New York State ARREST REPORT			3. Case No. NR-CR-01902-16		4. Ref. No.																																																																																																																																																	
5. FBI No.		6. Arrest No. NR-AR-00597-16		7. Agency New Rochelle Police Department			8. Division / Precinct NRPD		4a.																																																																																																																																																	
9. Name (Last, First, Middle) FLOWERS, KAMAL						10. Alias / Nickname / Maiden Name (Last, First, Middle)			11. Phone Number																																																																																																																																																	
12. Street Number and Name, Building No., Apt. No.				13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE, NY 10801-4876			14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk		15. Place of Birth NEW ROCHELLE																																																																																																																																																	
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22. Height 6		23. Weight 3	24. Hair 175	25. Eyes BLK	25. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	27. Build <input type="checkbox"/> Small <input type="checkbox"/> Mod <input checked="" type="checkbox"/> Large	28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30. Citizen of																																																																																																																																																
31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb																																																																																																																																																	
37. Arresting Officer LADÉAIROUS, JOHN		38. ID No. 10264	39. Assisting Officer DIAZ, JOSE		40. ID No. 10262	41. Arrest Date 05 05 16	42. Time 1949	43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> 382 NORTH AVE NEW ROCHELLE NY																																																																																																																																																		
44. Juvenile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input checked="" type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III				46. Weapon(s) At Arrest		47. Co-defendants Arrest No.																																																																																																																																																		
48. Miranda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Miranda by		50. Miranda Date	51. Miranda Time	52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation	54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo																																																																																																																																																
56. Arraignment Court NEW ROCHELLE		57. Arraignment Judge		58. Date	59. Time	60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61a. Processed By	61b. Disposition																																																																																																																																																	
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67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency		71. F / P Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																		
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE NY			73. Offense Date	74. No. Offenders 1	75. No. Victims 0	76. Return Court NEW ROCHELLE		77. Return Judge	78. Return Date 05 05 16	79. Time 1955																																																																																																																																																
80. Defendant / Case TOT Agency				80a. Officer's Name			80b. ID No.		81. Time	82. Date																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>83 Law</th> <th>Article & Section</th> <th>SUB</th> <th>CL</th> <th>CAT</th> <th>DEG</th> <th>ATT</th> <th>NAME OF OFFENSE</th> <th>CTS</th> <th>NCIC code</th> <th>VICTIM Age Sex Handicap</th> <th>ASSOC. NO</th> <th>TYPE</th> </tr> </thead> <tbody> <tr> <td>PL</td> <td>145.00</td> <td></td> <td>A</td> <td>M</td> <td>4</td> <td>O</td> <td>CRIMINAL MISCHIEF - 4</td> <td>1</td> <td>2 9 9 9</td> <td></td> <td>NR-CR-01902-16</td> <td> <input type="checkbox"/> APP <input checked="" type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												83 Law	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	NCIC code	VICTIM Age Sex Handicap	ASSOC. NO	TYPE	PL	145.00		A	M	4	O	CRIMINAL MISCHIEF - 4	1	2 9 9 9		NR-CR-01902-16	<input type="checkbox"/> APP <input checked="" type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH																																																																																																																					
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PL	145.00		A	M	4	O	CRIMINAL MISCHIEF - 4	1	2 9 9 9		NR-CR-01902-16	<input type="checkbox"/> APP <input checked="" type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH																																																																																																																																														
84. Person Type OT= Other SP = Spouse CD = Co-Defendant SC = School PO = Parole Officer VI = Victim RE = Relative RP = Religious Person EM = Employer CH = Child PA = Parent AS = Associate LA = Lawyer PR = Probation Officer WI = Witness CO = Complainant DR = Doctor																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE</th> <th>NAME (LAST, FIRST, MIDDLE, TITLE)</th> <th>STREET-NAME & NUMBER</th> <th>CITY / STATE / ZIP</th> <th>TELEPHONE NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												TYPE	NAME (LAST, FIRST, MIDDLE, TITLE)	STREET-NAME & NUMBER	CITY / STATE / ZIP	TELEPHONE NO.																																																																																																																																										
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86. Arresting Officer's Signature				87. ID No.		88. Supervisor's Signature				89. ID No.	94. 1 Page																																																																																																																																															
90. Arrest Made As A Result Of A SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				91.		92.				93.	of 1 pages																																																																																																																																															

1. NYSID No. 11666575R		OBTS No.		New York State ARREST REPORT			3. Case No. NR-CR-03544-15		4. Ref. No.		4b					
5. FBI No.		6. Arrest No. NR-AR-01185-15		7. Agency New Rochelle Police Department			8. Division / Precinct NRPD		4a.							
DEPENDANT INFORMATION	9. Name (Last, First, Middle) FLOWERS, KAMAL A						10. Alias / Nickname / Maiden Name (Last, First, Middle)			11. Phone Number						
	12. Street Number and Name, Building No., Apt. No. NEW ROCHELLE, NY 10801-4876				13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE, NY 10801-4876		14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk		15. Place of Birth NEW ROCHELLE							
	16. Date of Birth		17. Age 19	18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
	22. Height 6	23. Weight 5	24. Hair 185	25. Eyes BLK	25. Glasses BRO	27. Build <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Small <input type="checkbox"/> Med <input checked="" type="checkbox"/> Large	28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of					
	31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb, chest - "love none"						
ARREST INFORMATION	37. Arresting Officer GUGLIELMO, CHRISTOPHER		38. ID No. 9974	39. Assisting Officer DIAZ, JOSE		40. ID No. 10262	41. Arrest Date 08 12 15	42. Time 1729	43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NORTH AVE & LOCKWOOD AVE NEW ROCHELLE NY							
	44. Juvenile <input type="checkbox"/> Juv No <input type="checkbox"/> Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No	45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III			46. Weapon(s) At Arrest			47. Co-defendants Arrest No.								
	48. Miranda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	49. Miranda by GUGLIELMO, CHRISTOPHER		50. Miranda Date 08 12 15	51. Miranda Time 1743	52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo					
	56. Arraignment Court		57. Arraignment Judge		58. Date Mo Day Yr	59. Time	60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61a. Processed By	61b. Disposition						
	62. Incident No. NR-EV-41127-15		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party				64. Bail Amount NONE		65. Bondsman		66. Photo. No.					
CHARGE INFORMATION	67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency									
	72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE NY		73. Offense Date 08 11 15	74. No. Offenders 1	75. No. Victims 0	76. Return Court NEW ROCHELLE		77. Return Judge		78. Return Date 08 13 15	79. Time 0930					
	80. Defendant / Case TOT Agency			80a. Officer's Name			80b. ID No.		81. Time	82. Date						
	83 LAW	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE		CTS	NGIC code		Age	VICTIM Sex Handicap	ASSOC. NO	TYPE
		PL	160.05		D	F	3	O	ROBBERY-3RD		1	1 2 9 9				
ASSOCIATED PERSONS INFORMATION	84. Person Type OT= Other SP = Spouse CD = Co-Defendant SC = School PO = Parole Officer VI = Victim RE = Relative RP = Religious Person EM = Employer CH = Child PA = Parent AS = Associate LA = Lawyer PR = Probation Officer WI = Witness CO = Complainant DR = Doctor															
	TYPE	NAME (LAST, FIRST, MIDDLE, TITLE)				STREET-NAME & NUMBER				CITY / STATE / ZIP		TELEPHONE NO.				
NARRATIVE	85.															
86. Arresting Officer's Signature				87. ID No.		88. Supervisor's Signature				89. ID No.		94. 1 Page				
90. Arrest Made As A Result Of A SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				91.		92.				93.		of 1 pages				

1. NYSID No. 11666575R 2. OBTS No. New York State ARREST REPORT 3. Case No. NR-CR-02211-14 4. Ref. No. 4b. 5. FBI No. 6. Arrest No. NR-AR-00602-14 7. Agency New Rochelle Police Department 8. Division / Precinct NRPD 9a. Name (Last, First, Middle) FLOWERS, KAMAL 10. Alias / Nickname / Maiden Name (Last, First, Middle) 11. Phone Number

12. Street Number and Name, Building No., Apt. No. NEW ROCHELLE, NY 10801 13. City, State, Zip (C T V) 14. Residence Status Resident 15. Place of Birth NEW ROCHELLE 16. Date of Birth 18. Age 18 18. Sex M 19. Race Black 20. Ethnic Non Hispanic 21. Skin 22. Height 6 3 23. Weight 175 24. Hair BLK 25. Eyes BRO 25. Glasses No 27. Build Large 28. Marital Status Single 29. U.S. Citizen Yes 30. Citizen of 31. Social Security No. 32. Education 33. Religion 34. Occupation 35. Employed 36. Scars / Marks / Tattoos (Describe)

37. Arresting Officer PROVENZALE, FRANCESCO 38. ID No. 10265 39. Assisting Officer 40. ID No. 41. Arrest Date 05 21 14 42. Time 1546 43. Location of Arrest (C T V) 41 LINCOLN AVE NEW ROCHELLE NY 44. Juvenile 45. Condition of Defendant at Arrest 46. Weapon(s) At Arrest 47. Co-defendants Arrest No. 48. Miranda 49. Miranda by PROVENZALE, FRANCESCO 50. Miranda Date 05 21 14 51. Miranda Time 1551 52. Statements 53. Status 54. Search Warrant 55. ID Procedure 56. Arraignment Court 57. Arraignment Judge 58. Date 59. Time 60. Property 61. Evidence 61a. Processed By 61b. Disposition

62. Incident No. NR-EV-25592-14 63. Arrestee Status 64. Bail Amount 65. Bondsman 66. Photo No. 67. Arrest Type 68. Warrant No. 69. Arrest FOA 70. Other Agency 71. F / P Taken 72. Location of Offense (C T V) NEW ROCHELLE NY 73. Offense Date 05 21 14 74. No. Offenders 1 75. No. Victims 0 76. Return Court NEW ROCHELLE 77. Return Judge 78. Return Date 05 22 14 79. Time 0930 80. Defendant / Case TOT Agency 80a. Officer's Name 80b. ID No. 81. Time 82. Date

PL	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	NCIC code	Age	Sex	Handicap	ASSOC NO	TYPE
PL	220.31		D	F	5	O	CRIM SALE CONTRL SUBST	1	3 5 9 9					APP UTT OTH
PL	221.05			V	0	O	UNLAWFUL POSSESSION OF MARIHUANA	1	3 5 6 2					APP UTT OTH
PL	220.50	02	A	M	2	O	CRIM USE DRUG PARA - 2ND	1	3 5 5 0					APP UTT OTH

84. Person Type OT= Other SP= Spouse CD= Co-Defendant SC= School PO= Parole Officer VI= Victim RE= Relative RP= Religious Person EM= Employer CH= Child PA= Parent AS= Associate LA= Lawyer PR= Probation Officer WI= Witness CO= Complainant DR= Doctor

TYPE	NAME (LAST, FIRST, MIDDLE, TITLE)	STREET-NAME & NUMBER	CITY / STATE / ZIP	TELEPHONE NO
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85. NARRATIVE

86. Arresting Officer's Signature 87. ID No. 88. Supervisor's Signature 89. ID No. 90. Arrest Made As A Result Of A SAFIS Latent Print Identification? 91. 92. 93. 94. 1 Page of 1 pages

1. NYSID No. 11666575R	OBTS No.	New York State ARREST REPORT	3. Case No. NR-CR-04732-14	4. Ref. No.										
5. FBI No.	6. Arrest No. NR-AR-01373-14	7. Agency New Rochelle Police Department	8. Division / Precinct NRPD	4a.										
9. Name (Last, First, Middle) FLOWERS, KAMAL		10. Alias / Nickname / Maiden Name (Last, First, Middle)		11. Phone Number										
12. Street Number and Name, Building No., Apt. No. NEW ROCHELLE, NY 10801-4876		13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE, NY 10801-4876	14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Unk	15. Place of Birth NEW ROCHELLE										
16. Date of Birth	17. Age 18	18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	19. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	20. Ethnic <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown										
21. Skin <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown	22. Height 6	23. Weight 3	24. Hair 175	25. Eyes BLK										
26. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	27. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large	28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk	29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30. Citizen of										
31. Social Security No.	32. Education	33. Religion	34. Occupation	35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb														
37. Arresting Officer RICE, MATTHEW		38. ID No. 10805	39. Assisting Officer MURPHY, KEITH											
40. ID No. 9071		41. Arrest Date 10 24 14		42. Time 1535										
43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> LOCKWOOD AVE & NORTH AVE NEW ROCHELLE NY														
44. Juvenile Inv-No Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No	45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/ill		46. Weapon(s) At Arrest											
47. Co-defendants Arrest No.														
48. Miranda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Miranda by	50. Miranda Date Mo Day Yr	51. Miranda Time	52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal										
53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo											
56. Arraignment Court	57. Arraignment Judge	58. Date Mo Day Yr	59. Time	60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61a. Processed By		61b. Disposition										
62. Incident No. NR-EV-54113-14	63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party		64. Bail Amount	65. Bondsman										
66. Photo No.		67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT												
68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency										
71. F / P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> NEW ROCHELLE NY												
73. Offense Date 10 24 14	74. No. Offenders 1	75. No. Victims 0	76. Return Court NEW ROCHELLE	77. Return Judge										
78. Return Date 10 25 14	79. Time 0930		80. Defendant / Case TOT Agency											
80a. Officer's Name		80b. ID No.	81. Time Mo Day Yr	82. Date Mo Day Yr										
83. LAW	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	NCIC code	VICTIM Age Sex Handicap	ASSOC. NO.	TYPE		
PL	155.30	05	E	F	4	O	GR LAR 4 PROPERTY FROM PERSON	1	2 3 9 9			APP UTT OTH		
PL	120.14	01	A	M	2	O	MENACING-2ND - WEAPON	1	1 3 1 6			APP UTT OTH		
												APP UTT OTH		
												APP UTT OTH		
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												APP UTT OTH		
84. Person Type OT= Other SP = Spouse CD = Co-Defendant SC = School PO = Parole Officer Vi = Victim RE = Relative RP = Religious Person EM = Employer CH = Child PA = Parent AS = Associate LA = Lawyer PR = Probation Officer WI = Witness CO = Complainant DR = Doctor														
TYPE	NAME (LAST, FIRST, MIDDLE, TITLE)		STREET-NAME & NUMBER		CITY / STATE / ZIP			TELEPHONE NO						
85.														
86. Arresting Officer's Signature														
87. ID No.			88. Supervisor's Signature				89. ID No.			90. 1 Page				
90. Arrest Made As A Result Of A SAFIS Latent Print Identification?			91.			92.			93.			of 1 pages		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														

1. NYSID No. 11666575R		OBTS No.		New York State ARREST REPORT			3. Case No. NR-CR-04735-14		4. Ref. No.		4b.																		
5. FBI No.		6. Arrest No. NR-AR-01374-14		7. Agency New Rochelle Police Department			8. Division / Precinct NRPD		4a.																				
DEPENDANT INFORMATION						9. Name (Last, First, Middle) FLOWERS, KAMAL				10. Alias / Nickname / Maiden Name (Last, First, Middle)		11. Phone Number																	
						12. Street Number and Name, Building No., Apt. No. NEW ROCHELLE, NY 10801-4876				13. City, State, Zip (C T V) NEW ROCHELLE, NY 10801-4876		14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Unk		15. Place of Birth NEW ROCHELLE															
16. Date of Birth: 6 3 18		17. Age 18		18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																			
22. Height 6 3		23. Weight 175		24. Hair BLK		25. Eyes BRO		25. Glasses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Contacts		27. Build <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Med		28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of													
31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe) scar on lip scar on left palm/thumb																			
37. Arresting Officer RICE, MATTHEW		38. ID No. 10805		39. Assisting Officer		40. ID No.		41. Arrest Date 10 24 14		42. Time 2004		43. Location of Arrest (C T V) 475 NORTH AVE NEW ROCHELLE NY																	
44. Juvenile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. Condition of Defendant at Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> App Norm <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III				46. Weapon(s) At Arrest				47. Co-defendants Arrest No.																			
48. Miranda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Miranda by RICE, MATTHEW		50. Miranda Date 10 24 14		51. Miranda Time 2005		52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> None <input type="checkbox"/> Show Up <input type="checkbox"/> Photo															
56. Arraignment Court NEW ROCHELLE		57. Arraignment Judge		58. Date 10 25 14		59. Time 0800		60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61a. Processed By		61b. Disposition															
62. Incident No. NR-EV-54147-14		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party				64. Bail Amount		65. Bondsman		66. Photo. No.																			
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input checked="" type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No.		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency				71. F / P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
72. Location of Offense (C T V) NEW ROCHELLE NY		73. Offense Date 10 24 14		74. No. Offenders 1		75. No. Victims 0		76. Return Court NEW ROCHELLE		77. Return Judge		78. Return Date 10 25 14		79. Time 0800															
80. Defendant / Case TOT Agency				80a. Officer's Name				80b. ID No.		81. Time		82. Date																	
CHARGE INFORMATION		83. LAW		Article & Section		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE				CTS		NCIC code		VICTIM Age Sex Handicap		ASSOC NO.		TYPE	
		PL		221.05						V		0		O		UNLAWFUL POSSESSION OF MARIHUANA				1		3 5 6 2				NR-CR-04735-14		<input type="checkbox"/> APP <input type="checkbox"/> UTT <input checked="" type="checkbox"/> OTH	
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ASSOCIATED PERSONS INFORMATION		84. Person Type		OT= Other		SP = Spouse		CD = Co-Defendant		SC = School		PO = Parole Officer		VI = Victim		RE = Relative		RP = Religious Person											
		EM = Employer		CH = Child		PA = Parent		AS = Associate		LA = Lawyer		PR = Probation Officer		WI = Witness		CO = Complainant		DR = Doctor											
		TYPE		NAME (LAST, FIRST, MIDDLE, TITLE)				STREET-NAME & NUMBER				CITY / STATE / ZIP				TELEPHONE NO.													
NARRATIVE		85.																											
86. Arresting Officer's Signature				87. ID No.				88. Supervisor's Signature				89. ID No.				94. 1 Page													
90. Arrest Made As A Result Of A SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				91.				92.				93.				of 1 pages													

1. NYSID No. 11666575R	OBTS No.	New York State ARREST REPORT	3. Case No. NR-CR-04737-14	4. Ref. No.																																																																																																																																																																																				
5. FBI No.	6. Arrest No. NR-AR-01375-14	7. Agency New Rochelle Police Department	8. Division / Precinct NRPD	4a.																																																																																																																																																																																				
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37. Arresting Officer RICE, MATTHEW		38. ID No. 10805		39. Assisting Officer MURPHY, KEITH																																																																																																																																																																																				
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51. Miranda Time 2121		52. Statements <input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation																																																																																																																																																																																				
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62. Incident No. NR-EV-54186-14		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party		64. Bail Amount																																																																																																																																																																																				
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