

|   |          |      |   |          |            |
|---|----------|------|---|----------|------------|
| Employer Address Type: <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Homeless <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Parent<br><input type="checkbox"/> Relative <input type="checkbox"/> Unknown | Block #: | Dir: | Street:   | Type:    | Apt:       |
| City:   | State:   | Zip: | Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Parent <input type="checkbox"/> Relative | Phone #: | Extension: |

**BUSINESS VICTIM OR WITNESSES ONLY**

|   |   |  |   |              |            |
|---|---|--|---|--------------|------------|
| 1) Business Name:   |   |  |   |              |            |
| <input type="checkbox"/> Victim <input type="checkbox"/> Witness  | <input type="checkbox"/> Active <input type="checkbox"/> Not Active | <input type="checkbox"/> Court <input type="checkbox"/> No Court | Charge Code:  | Complaint #: |            |
|   |   |  | Charge Code:  | Complaint #: |            |
| Employer Address Type: <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Homeless <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Parent<br><input type="checkbox"/> Relative <input type="checkbox"/> Unknown | Block #:  | Dir:   | Street:   | Type:        | Apt:       |
| City:   | State:  | Zip:   | Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Parent <input type="checkbox"/> Relative | Phone #:     | Extension: |

|   |   |      |   |          |            |
|---|---|------|---|----------|------------|
| Primary Contact:  | Relationship to Defendant: <input type="checkbox"/> Accomplice <input type="checkbox"/> Cohabiting Heterosexual <input type="checkbox"/> Common Parents<br><input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Grandparents and Grandchildren <input type="checkbox"/> Heterosexual Lover Interest<br><input type="checkbox"/> Household Member <input type="checkbox"/> Neighbor <input type="checkbox"/> None <input type="checkbox"/> Others acting in Loco Parentis <input type="checkbox"/> Parents and Children<br><input type="checkbox"/> Refused to provide information <input type="checkbox"/> Spouses <input type="checkbox"/> Unknown. |      |   |          |            |
| Employer Address Type: <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Homeless <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Parent<br><input type="checkbox"/> Relative <input type="checkbox"/> Unknown | Block #:  | Dir: | Street:   | Type:    | Apt:       |
| City:   | State:  | Zip: | Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Parent <input type="checkbox"/> Relative | Phone #: | Extension: |

|                   |                      |                   |              |              |  |
|-------------------|----------------------|-------------------|--------------|--------------|--|
| 2) Business Name: |                      |                   |              |              |  |
| Victim or Witness | Active or Not Active | Court or No Court | Charge Code: | Complaint #: |  |
|                   |                      |                   | Charge Code: | Complaint #: |  |

|   |   |      |   |          |            |
|---|---|------|---|----------|------------|
| Business Name:  |   |      |   |          |            |
| Employer Address Type: <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Homeless <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Parent<br><input type="checkbox"/> Relative <input type="checkbox"/> Unknown | Block #:  | Dir: | Street:   | Type:    | Apt:       |
| City:   | State:  | Zip: | Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Parent <input type="checkbox"/> Relative | Phone #: | Extension: |
| Primary Contact:  | Relationship to Defendant: <input type="checkbox"/> Accomplice <input type="checkbox"/> Cohabiting Heterosexual <input type="checkbox"/> Common Parents<br><input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Grandparents and Grandchildren <input type="checkbox"/> Heterosexual Lover Interest<br><input type="checkbox"/> Household Member <input type="checkbox"/> Neighbor <input type="checkbox"/> None <input type="checkbox"/> Others acting in Loco Parentis <input type="checkbox"/> Parents and Children<br><input type="checkbox"/> Refused to provide information <input type="checkbox"/> Spouses <input type="checkbox"/> Unknown. |      |   |          |            |
| Employer Address Type: <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Homeless <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Parent<br><input type="checkbox"/> Relative <input type="checkbox"/> Unknown | Block #:  | Dir: | Street:   | Type:    | Apt:       |
| City:   | State:  | Zip: | Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Friend <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Parent <input type="checkbox"/> Relative | Phone #: | Extension: |

**Probable Cause / Reason for Arrest**

(This space should be used to describe the elements of the crime that led to the arrest.  
Please use back of this page for additional space if completing this form by hand.)

On November 29, 2023, at approximately 1437 hours, officers responded to a sexual assault call at 5300 Closeburn Road, Park Road park. The call was entered by the male victim's mother who observed the victim engaged in sexual activity with the suspect who is the victim's current school teacher.

The victim reported to police that the suspect was his assigned biology teacher

Starting this current school year in August 2023 at South Mecklenburg High school. He advised they started a dating relationship as boyfriend and girlfriend on October 18, 2023. Since October 18, 2023, he advised they have engaged in sexual intercourse more than five times, but less than 100. He was shown a picture of the exterior of the suspect's residence and he confirmed that was the house he had visited numerous times engaging in sex with the suspect. The suspect's address is 1517 Kennon Street, Charlotte, NC. He also confirmed they have engaged in sex numerous times (including today) in the vehicle he drives, registered to his mother. The vehicle is a white Honda Pilot. The victim advised he has also engaged in sex with the suspect at his residence in his bedroom located at [REDACTED].

The suspect was arrested on scene and charged with five counts of Sexual Activity with a Student by a teacher, including once at [REDACTED] Road, once at 5300 Clatsun Road, and three times at the suspect's residence located at 1517 Kennon Street.

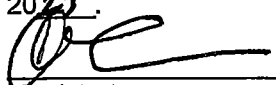
The victim and suspect are more than 4 years apart.

I, Officer D. Leach code# 7157 of CADD am presenting sworn oral testimony to the Magistrates' Office, seeking the above charges against Gabriela Neufed.

Officer's Signature 

Date 11/30/2023  
3 day of November

Sworn/affirmed and subscribed to before me this the 30 day of November, 2023.

  
Magistrate