

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 08/17/2014 01:05		OCA																	
	Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63401															
A R R E S T E E	Name (Last, First, Middle) WATSON, DONNA JULIANNA				D.O.B. 08/21/1977		Age 36		Race W		Sex F		Place of Birth LENOIR, NC		Country of Citizenship US									
	Current Address 1917 Sw Norwood St, 409, LENOIR, NC 28645				Phone 828-433-8615				Occupation Laborer				<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident											
	Employer's Name UNEMPLOYED				Address								Phone 828- -											
	Also Known As (Alias Names)				Hgt 5'00		Wgt 100		Hair BRO		Eyes BLU		Skin Tone LT		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk									
	Scars, Marks, Tattoos TATT LEFT ANKLE / FAIRY; TATT RIGH LEG				Social Security #				OLN and State				Misc. # and Type											
	Nearest Relative Name POWELL, GEORGIA				Address 3402 ANTIOCH CHURCH RD, MORGANTON,								Phone 828-433-8615											
	If Armed, Type of Weapon NOT APPLICABLE/NONE				<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant				Place of Arrest															
A R R E S T	Charge #1 Possess Methamphetamine				<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts 1		DCI Code 1810		Offense Jurisdiction (if not arresting agency)				Statute # 90-95 (A) (3)		Warr. Date							
	Charge #2				<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts		DCI Code		Offense Jurisdiction (if not arresting agency)				Statute #		Warr. Date							
	Charge #3				<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts		DCI Code		Offense Jurisdiction (if not arresting agency)				Statute #		Warr. Date							
V E H I C L E	VYR		Make		Model		Style		Color		Plate #/State		VIN											
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____																							
C O N F I N E D	Date/Time Confined				Place Confined				Committing Magistrate															
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other				Bond Amount \$0.00		Trial Date		Court Of _____ City															
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #)				Date/Time Released															
Status Codes	L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																							
D R U G S	DCI		Status		Quantity		Type Measure		Suspected Type				Check up to 3 types of activity for each											
													Possess		Buy		Sale		Mfg.		Importing		Operating	
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address								Phone:											
S T A T U S	Arresting Officer Signature/ID # GREENE, D. P. (DG2009)				Date/Time Submitted //				Supervisor Signature															
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed				Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation				Arrestee Signature															