ARREST REPORT

A G E N	Agency		olice Depa		ORI 014020(Date/Time C0015 09/25/			Arrested OCA 2014 01:30				A						
N F C O	Lenoir Police Department Taken							Arrest Tract			esidence Tract Arrest					est Number 4194			
	Name (Last, First, Middle) BOLICK, REGINA RAE								D.O.B. 10/29/1979		Age Race Sex LENO					Place of B		Country of Citizenship	
A R R E S T E E	Current Address 2343 Lick Mt, 37, HUDSON, NC 28630								Phone Occupation 828-572-2686 Labore						☑ Resident ☐ Unknown				
	Employer's Name UNEMPLOYED							Address							Phone 828- -				
	Also Known As (Alias Names) BOLICK, GINA							•	Hgt 5'05	l	Wgt Hair Eyes 110 RED BLU					Skin Tone Consumed Drug/Alcohol LT			
	TATT LOW BACK / TRIBAL; TATT LEFT								,					LN and State Mis				sc. # and Type	
	Nearest Relative Name JEFFREY WAYNE BOLICK If Armed, Type of Weapon							Address 2423 LICK MTN R Place of Arr									Phone 828-572-2686		
	NOT Charge	APF	PLICABLE		Cita	Summons ation Counts									Warr. Date				
A I N E O T	Possess W/ Intent Sell Or Deliver Sch 2 C/s Misd Charge #2						1	Counts	1810 DCI Code				diction (if not arresting agency)				95(A) Statute #	Warr. Date	
	Charge #3 Charge #3 Charge #3 Charge #3							Counts	1810							90-95(A)(1)			
> E F	Possess Drug Paraphernalia					Fel Misd	2	Color	1834 Plate #/State		Offense Jurisdiction (if not arresting age				igency)	90-113.22(A)			
	VYR Make Model Style Vehicle 1. ☐ Left at Scene ☐ Secured ☐											VIIN							
COZE-ZE	Vehicle 1.																		
	Date/Time Confined Place Confined							Committing Magistrate											
	Type Bond Bond Amount Bond Amount Secured Other Secured Other Sassisting Officer Name/ID #						00	Trial Date Court Of Released By (Name/Department/ID #)						t Of City Date/Time Released					
D Status																			
Codes	L - Lost		Τ	ecovered	D - Damag	ed Z - Seize	ed	B - Burned	Check up to 3 types of activity								of activity for	each	
ARREST ARUGS	DCI Status Quantity Type Measure						Suspected Type				Possess Buy					Mfg.	Importing	Operating	
				Victim															
C O M P	Name:	Comp	olainant□	Addres	dddress Phone:														
NARRATIVE																			
S T	Arresting Officer Signature/ID # GREENE, C. L. (CG2010)							/Time Submi	itted //		Supervisor Signature								
A T U S	Case Status: Case Disposition: Further Inv. Cleared By Arrest / No Supplement							ed		Arrestee Signature									
_	S																		

DCI-608F Rev. 3/92