

## ARREST REPORT

AGENCY	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/25/2014 03:13</b>		OCA <b>1404754</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>16</b>		Residence Tract <b>99</b>		Arrest Number <b>63567</b>					
ARRESTEE	Name (Last, First, Middle) <b>BOLICK, TIMOTHY WAYNE</b>			D.O.B. <b>05/29/1983</b>	Age <b>31</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>LENOIR NC, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>2434 Lick Mountain Dr, HUDSON, NC 28638</b>			Phone <b>828-728-2224</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>MAC'S WINDOWS AND SIDING</b>			Address <b>320 CONNELLY SPRINGS RD</b>			Phone <b>828-758-4430</b>					
	Also Known As (Alias Names) <b>BOLICK, BENJAMIN THORNE; GIALO,</b>			Hgt <b>5'09</b>	Wgt <b>130</b>	Hair <b>BRO</b>	Eyes <b>GRN</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT LEFT WRIST / BMB; SCAR RIGH</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>BOLICK, JEFFREY WAYNE</b>			Address <b>2434 LICK MOUNTAIN DR, HUDSON, NC</b>			Phone <b>828-572-2686</b>					
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<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 <b>SOUTHWEST BLVD/HICKORY BLVD, LENOIR</b>							
	Charge #1 <b>False Information To Officer/failure To Produce License</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-29</b>	Warr. Date <b>08/25/2014</b>			
	Charge #2 <b>Driving While License Revoked By Restriction Violation</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-28(A)</b>	Warr. Date <b>08/25/2014</b>			
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date			
VEHICLE	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? _____											
CONFINED	Date/Time Confined <b>08/25/2014 04:40:00</b>		Place Confined <b>CCDC</b>			Committing Magistrate <b>MATHESON RICK</b>						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Bond Amount <b>\$3,000.00</b>	Trial Date <b>09/15/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>				
	Assisting Officer Name/ID # <b>HAMRICK, J. E. 2</b>			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											
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	The subject was handcuffed behind the back, secured in the rear of my patrol car, and transported to the Caldwell County Detention Center.  [08/25/2014 14:34, BWOODY, 576, LPD]											
STATUS	Arresting Officer Signature/ID # <b>COFFEY, M. S. (MC2013)</b>			Date/Time Submitted <b>08/25/2014 06:00</b>		Supervisor Signature <b>ROBINSON, C. A.</b>						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							