ARREST REPORT

A	Agency Name							ORI			Date/Time Arrested					OCA			
G I E N N F	Lenoir Police Department							014020	0 C0015				10:01			1403595			
CO	Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract		dence Tract			ll l	Arrest Number					
Υ	Photos Name (Last, First, Middle)							11	99			D				Place of Birth Country of			
- ZFO - ZFO	BROOKS, RACHEL COLVARD EMELEE							09/25/1973			Age IO	Race W	Sex F		r	riace of B		Country of Citizenship	
	Current Address 3551 Brook St, LENOIR, NC 28645							Phone 828-525-5143				C	Occupation			□ No	esident on-Resident	Unknown	
	Employer's Name UNEMPLOYED							Address			w. 1 1				Phone 828 S Skin Tone Consumed D			(A)	
	Also Known As (Alias Names) Scars, Marks, Tattoos								5'07		· I I			Eyes GRN	N LT			Drug/Alcohol No Unk	
	Scars, I		attoos TATT RIGI		Social Secu	ty# OLN a			and Sta	nd State			Misc. # and Type						
		Relative	Name		Addres				U				Phone						
		CE, L			II Di				RENSVILLE, NC					336-384-1112					
ARREST - ZEO	NOT APPLICABLE/NONE Order for Arrest								Warrant	rrant 960 BLO						D, LENOIR			
	Charge #1 Larceny (misdemeanor)						1	Counts	DCI Code 0690	Offense Jurisdie			on (if not a	rresting	agency)	Statute # 14-72 (A)		Warr. Date 06/27/2014	
	Charge #2						(Counts	DCI Code	Offense Jurisd			on (if not a	rresting	agency)	Statute #		Warr. Date	
	Charge #3					☐ Fel ☐ Misd	(Counts	DCI Code	CI Code Offense Jurisc				rresting	agency)	Statute #		Warr. Date	
	VYR Make Model					Style		Color	Plate #/State		VIN								
	Vehicle 1. Left at Scene Secured Unsecure Date/Time																		
۷			☐ Impounded	Place of		☐ Name	e 0i Ot									Inventory	on File?		
CONFINED	Date/Time Confined Place Confined 06/27/2014 10:40:00 CCDC							Committing Magistrate KING SCOTT											
	Type Bond Written Promise Unsecured St. Secured No Bond Other \$2,000.						00	Trial Date 0 07/28/2014 00:00				Court Of City District Court LENOIR							
	Assisting Officer Name/ID # HAMBY, R. L. 1							Released By (Name/Department/ID #				D #)				Date/Time Released			
Status Codes																			
D R ARUG S				1	I							Check up to 3 types of activity for each							
	DCI Status Quantity Type Mea				leasure			Suspecte	uspected Type			Possess Buy			Sale	Mfg.	Operating		
										_									
	 																		
UTE																			
S T																			
-		 																	
												+							
		Name: Complainant ⊠ Victim ☐																	
C O M P	Name:	Comp	olainant ∑		Address						Phone:								
N	Defendant was placed in handcuffs and transported per department policy.																		
A R R	106	/20/2	2014 14:01	DWOOT	V 57														
A T	[06/	30/2	.014 14:01	., BWOOL)I, S/	о, п _Р р]													
i																			
E	A	- 6"	0:/ "- "				1.5	- Æ:- C :	-1441		п	0:	: 0 :						
S T	Arresting Officer Signature/ID # GREENE, C. L. (CG2010)							e/Time Subm	-00	Supervisor Signature									
Å T	Case Status: Case Disposition:							00/28	06/28/2014 11:00 SMITH, M. B.										
υ s	☐ Further Inv. ☐ Cleared By Arrest / No Supplement I☐ Inactive ☐ Closed ☐ Arrest / No Investigation						t Need	ded											
	☐ Ina		☐ Closed	Arrest /	ino investi	gation												D 0/0	

DCI-608F Rev. 3/92