

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 06/17/2014 00:04		OCA 1403436					
	Taken <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) HP6359C	Arrest Tract 11		Residence Tract 12		Arrest Number 62180					
A R R E S T E E	Name (Last, First, Middle) DABNER, JULIUS DAMON			D.O.B. 06/06/1979	Age 35	Race B	Sex M	Place of Birth LENOIR, NC	Country of Citizenship US			
	Current Address 119 Nw Calvary Pl, 8, LENOIR, NC 28645			Phone 828-474-9291		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name SONIC			Address 501 HARPER AVE LENOIR, NC 28645			Phone 828-754-9283					
	Also Known As (Alias Names)			Hgt 6'01	Wgt 185	Hair BLK	Eyes BRO	Skin Tone LT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos TATT LEFT ARM / "AK"			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name DABNER, SHEILA ANN			Address 119-8 NW CALVARY PL, LENOIR, NC			Phone 828-474-9445					
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 202 NW HARPER AV, LENOIR							
	Charge #1 Possess W/intent Sell / Deliver Crack Cocaine		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95 (A)	Warr. Date 06/09/2014			
	Charge #2 Sell Or Deliver Sch 2 C/s		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(A)(1)	Warr. Date 06/09/2014			
	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 06/17/2014 01:15:00		Place Confined CCDC		Committing Magistrate WALKER MATT							
	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 \$10,000.00	Trial Date 07/14/2014 00:00		Court Of Superior Court		City LENOIR				
	Assisting Officer Name/ID # GREENE, D. P. 1			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 checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	The subject was handcuffed behind his back and seated in the back seat of my patrol vehicle. [06/17/2014 14:30, BWOODY, 576, LPD]											
S T A T U S	Arresting Officer Signature/ID # SANDERS, T. G. (TS2013)			Date/Time Submitted 06/17/2014 05:15		Supervisor Signature GREENE, D. P.						
	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							