

ARREST REPORT

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|--------------------------------------|--|--|--------------------------------------|--|---|---|---|-------------------------|-------------------------------|--|---|---------------------------------|--|---------------------------------|--|--|------|--|------|--|-----------|--|-----------|--|
| A G E N C Y | Agency Name Lenoir Police Department | | | ORI 0140200 C0015 | | Date/Time Arrested 09/05/2014 05:16 | | OCA 1404981 | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | | Fingerprint Card Check Digit # (CKN) | | Arrest Tract 13 | | Residence Tract 13 | | Arrest Number 63785 | | | | | | | | | | | | | | | |
| A R R E S T E E | Name (Last, First, Middle) MIZE, TIMOTHY LEE | | | | D.O.B. 11/02/1969 | | Age 44 | | Race W | | Sex M | | Place of Birth | | Country of Citizenship US | | | | | | | | | |
| | Current Address 1206 Virginia St, 6, LENOIR, NC 28645 | | | | Phone 828- - | | Occupation Laborer | | | | <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident | | <input type="checkbox"/> Unknown <input type="checkbox"/> Consumed Drug/Alcohol | | | | | | | | | | | |
| | Employer's Name UNEMPLOYED | | | | Address | | | | Phone 828- - | | | | | | | | | | | | | | | |
| | Also Known As (Alias Names) | | | | Hgt 5'08 | | Wgt 155 | | Hair BLK | | Eyes HAZ | | Skin Tone LT | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | | | |
| | Scars, Marks, Tattoos | | | | Social Security # | | OLN and State | | | | Misc. # and Type | | | | | | | | | | | | | |
| | Nearest Relative Name MILLER, SHEILA GWENDLYN | | | | Address 1206-6 SW VIRGINIA ST, LENOIR, NC 28645 | | | | Phone 336-201-3063 | | | | | | | | | | | | | | | |
| A R R E S T | 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 1206 SW VIRGINIA ST, LENOIR | | | | | | | | | | | | | | | | | |
| | Charge #1 Hold Until Sober | | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | | Counts 1 | | DCI Code 4040 | | Offense Jurisdiction (if not arresting agency) | | Statute # 122 (C)-301 | | Warr. Date 09/05/2014 | | | | | | | | | | |
| | 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 checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other | | | Bond Amount \$0.00 | | Trial Date | | Court Of | | City | | | | | | | | | | | | | | |
| | Assisting Officer Name/ID # TAYLOR, C. 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 | |
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| C O M P | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | | Address | | | | | Phone: | | | | | | | | | | | | | |
| | The subject consumed an unknown amount of an alcoholic beverage. The subject was handcuffed behind his back and seated in the back seat of my patrol vehicle. The subject was taken to Caldwell Memorial Hospital to be cleared by a doctor for admittance to the Caldwell County Jail. While at Caldwell Memorial Hospital, the subject received treatment there and was not yet released at the time of this report. | | | | | | | | | | | | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # SANDERS, T. G. (TS2013) | | | | | Date/Time Submitted 09/05/2014 06:30 | | | | | Supervisor Signature TAYLOR, C. | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | |

** Continued **

ARREST REPORT (Additional Narrative)

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|--|-----------------------------|---|-------------------------------|
| Agency Name Lenoir Police Department | ORI 0140200 C0015 | Date/Time Arrested 09/05/2014 05:16 | OCA 1404981 |
| Arrestee Name MIZE, TIMOTHY LEE | | | Arrest Number 63785 |

[09/05/2014 11:12, BWOODY, 576, LPD]