

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>09/07/2014 20:59</b>		OCA <b>1405041</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>11</b>		Residence Tract <b>99</b>		Arrest Number <b>63848</b>					
A R R E S T E E	Name (Last, First, Middle) <b>FIPPS, MARDELL LEE</b>			D.O.B. <b>11/24/1983</b>	Age <b>30</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth	Country of Citizenship			
	Current Address <b>3210 N. 44th St., TAMPA, FL 33605</b>			Phone <b>813-440-0807</b>		Occupation <b>Laborer</b>		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>GARDNELL AND WATSON DECKING</b>			Address <b>305 SUITE A SCARLET AVE, OLDS MART FL</b>			Phone <b>813-891-4105</b>					
	Also Known As (Alias Names)			Hgt <b>6'01</b>	Wgt <b>180</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DRK</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT FRON CHEST / MURDER</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>HOLDER, VANESSA</b>			Address				Phone <b>813-440-0807</b>				
	If Armed, Type of Weapon <b>KNIFE</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>206 BLOWING ROCK BLVD, LENOIR</b>						
A R R E S T	Charge #1 <b>Assault With A Deadly Weapon</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-32 (B)</b>	Warr. Date <b>09/07/2014</b>			
	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 <b>09/07/2014 21:35:00</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>\$1,000.00</b>		Trial Date <b>11/10/2014 00:00</b>		Court Of <b>District Court</b> City <b>LENOIR</b>					
	Assisting Officer Name/ID # <b>HAMBY, R. L. 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											
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:				
	Defendant was placed in handcuffs and transported per department policy. He had consumed several malt beverages prior to custody. OLN for the defendant is FL issue F 120-552-83-424-0.  [09/09/2014 10:33, BWOODY, 576, LPD]											
S T A T U S	Arresting Officer Signature/ID # <b>GREENE, C. L. (CG2010)</b>			Date/Time Submitted <b>09/08/2014 02:10</b>			Supervisor Signature <b>SMITH, M. B.</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						