## **ARREST REPORT**

| A                 | Agency   |  |                      |            | ORI                         | _             | Date/Time Arrested |                           |                    |  |   | OCA                      |                                     |                    |                       |                                     |                                      |           |  |
|-------------------|--|--|----------------------|------------|-----------------------------|---------------|--------------------|---------------------------|--------------------|--|---|--------------------------|-------------------------------------|--------------------|-----------------------|-------------------------------------|--------------------------------------|-----------|--|
| G I<br>E N<br>N F | Lenoir Police Department  Taken   Fingerprint Card Check Digit # (CKN)   |  |                      |            |                             |               |                    | 014020<br>Arrest Tract    |                    |  | 08/10/2014<br>Residence Tract   |                          |                                     |                    | 1404460<br>est Number |                                     |                                      |           |  |
| ço                | ☐ Prints ☐ Photos  |  |                      |            |                             |               |                    | <b>12</b>                 |                    |  | 99  |                          |                                     | 6331               |                       |                                     |                                      |           |  |
| •                 |  | _  | st, Middle)          |            |                             |               |                    | Age                       | ge Race Sex        |  |   | Place of Birth Country o |                                     |                    |                       |                                     |                                      |           |  |
| A RR EST EE       | SMITH, STEVEN WAYNE  |  |                      |            |                             |               |                    |                           | 03/14/198          | w  | М   |                          | OIR,                                |                    | NC US                 | Citizenship                         |                                      |           |  |
|                   | 25 Water St, 8, GRANITE FALLS, NC 28630  |  |                      |            |                             |               |                    | Phone <b>828-396-3716</b> |                    |  | 5   | Occupation  Laborer      |                                     |                    |                       | ☐ Resident ☐ Unknown ☐ Non-Resident |                                      |           |  |
|                   | SOUTHLINE CONVERTING LLC   |  |                      |            |                             |               |                    | Address                   | 633 4TH S          |  |   | SW CONOVER Hair Eyes     |                                     | 828-4              |                       | Phone <b>828-46</b>                 |                                      |           |  |
|                   | Also Known As (Alias Names)  |  |                      |            |                             |               |                    |                           | 5'07               |  | Wgt<br><b>158</b>   | BR                       |                                     | Eyes<br><b>BLU</b> | ŠLU F                 |                                     | Tone Consumed Drug/Alcohol  Yes No U |           |  |
|                   |  | Marks, Ta  |                      |            | Social Secu                 | ity #         |                    | OLN and State             |                    | Mis  |   | isc. # and Type          |                                     |                    |                       |                                     |                                      |           |  |
|                   |  | Relative   | RIGH EYE             |            | Address                     | <u> </u>      |                    |                           |                    |  |   |                          | Phone                               |                    |                       |                                     |                                      |           |  |
|                   |  |  | R, TERRIE            |            |                             |               |                    | S PL, LENOIR, NC 2864     |                    |  |   | 645                      | ll l                                |                    |                       |                                     |                                      |           |  |
| A R R E S T       |  |  |                      |            |                             |               |                    | al Summons                | - II               | Place of Arrest                                |   |                          |                                     |                    |                       |                                     |                                      |           |  |
|                   | Charge #1  |  |                      |            |                             |               |                    | tation  Counts            | Warrant DCI Code   |  | 321 SW MULBERRY ST, LENOIR  Offense Jurisdiction (if not arresting agency)   Statute #   Warr. Date |                          |                                     |                    |                       |                                     |                                      |           |  |
|                   | Hold Until Sober   |  |                      |            |                             | Fel Misd      | 1                  |                           | 4040               | 1040   |   |                          | , , ,                               |                    |                       |                                     | (C)-301                              |           |  |
|                   | Charge #2  |  |                      |            |                             | ☐ Fel ☐ Misd  |                    | Counts                    | DCI Code           | Offense Jurisdiction (if not arresting agency) |   |                          |                                     | agency)            | Statute #             |                                     | Warr. Date                           |           |  |
|                   | Charge   | #3   |                      |            |                             | ☐ Fel ☐ Misd  |                    | Counts                    | DCI Code           | Offense Juris                                  |   |                          | isdiction (if not arresting agency) |                    |                       |                                     | Statute #                            |           |  |
| V E F O           | VYR Make Model   |  |                      | Model      | Style                       |               |                    | Color                     | Plate #/Sta        |  | VIN   |                          |                                     |                    | •                     |                                     |                                      |           |  |
|                   | Vehicle 1. Left at Scene Secured Unsecure Date/Time  2. Released to other at owners request Name of Other  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
|                   | 3. Impounded Place of storageInventory on File?  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| Соме-ие<br>Охо    |  | ne Confii<br><b>0/201</b> 4                      | ned<br>4 02:40:00    |            | Committing Magistrate       |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
|                   | 08/10/2014 02:40:00         CCDC           Type Bond         Bond Amount           ☐ Written Promise         Unsecured   |  |                      |            |                             |               |                    | Trial Date Cou            |                    |  |   |                          | urt Of City                         |                    |                       |                                     |                                      |           |  |
|                   | Secured No Bond Other  Assisting Officer Name/ID #   |  |                      |            |                             |               | \$0.00             |                           |                    | By (Name/Department/ID #)                      |   |                          | Date/Time Released                  |                    |                       |                                     |                                      |           |  |
| Ď                 | ASSISTIT   | y Onicer   | Name/ID#             |            | Date/Time (voledsed         |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| Status<br>Codes   | L - Los  | s-   | Stolen R - R         | ecovered   | D - Dama                    | iged Z - Seiz | zed                | B - Burnec                | d C - Count        | erfeit /                                       | / Forged  | F - I                    | Found                               |                    |                       |                                     |                                      |           |  |
| D A               | DCI Status Quantity Type Measure   |  |                      |            |                             |               | Suspected Type     |                           |                    |  |   | 4                        | Deceses                             |                    |                       |                                     | of activity for                      |           |  |
|                   |  |  |                      |            |                             |               |                    |                           |                    |  |   |                          | Possess                             | Buy                | Sale                  | Mfg.                                | Importing                            | Operating |  |
|                   |  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| R AR.<br>U TE     | <del>                                      </del>  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| G 'S              |  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| Ī                 |  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| ŀ                 |  | <del>                                     </del> |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    | -                     |                                     |                                      |           |  |
|                   |  |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| COMP              | Name:  | Comp   | olainant <b>IX</b>   | Addres     | Address Phone:              |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| N                 | Mr.Smith was taken into custody after being released from the hospital. He had consumed several malt beverages and was unable to care for himself. He was handcuffed behind the back and secure in |  |                      |            |                             |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| A<br>R<br>R       |  |  | rerages and of my pa |            |                             |               |                    |                           | elf. He            | was  | hand  | lcuff                    | ed be                               | hind               | the                   | back                                | and se                               | cure in   |  |
| Ā                 | ciie   | rear   | OI My pa             | icioi ui   | iic do                      | iring cra     | nsp                | ort.                      |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| i<br>V<br>E       | [08/   | 12/2   | 014 12:57            | , BWOOI    | OY, 57                      | 6, LPD]       |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| S<br>T            | Arresting Officer Signature/ID #   |  |                      |            |                             |               |                    | te/Time Subm              |                    |  |   |                          | Supervisor Signature                |                    |                       |                                     |                                      |           |  |
| Å                 | BLACHE, N. C. (NB2008)  Case Status:   Case Disposition:   |  |                      |            |                             |               |                    | 08/10                     | 0/2014 03          |  |   | BL                       | ACHE                                | , N. C             | ·.                    |                                     |                                      |           |  |
| U                 | ☐ Further Inv. ☐ Cleared By Arrest /   |  |                      |            |                             |               | ded                | Allesiee                  | Arrestee Signature |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |
| S                 | ☐ Ina  | ctive  | ☐ Closed             | ☐ Arrest / | ☐ Arrest / No Investigation |               |                    |                           |                    |  |   |                          |                                     |                    |                       |                                     |                                      |           |  |

DCI-608F Rev. 3/92