

## ARREST REPORT

AGENCY	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/16/2014 22:18</b>		OCA <b>1404565</b>		
	Taken <input checked="" type="checkbox"/> Prints Fingerprint Card Check Digit # (CKN) <input type="checkbox"/> Photos <b>HP6497N</b>	Arrest Tract <b>13</b>		Residence Tract <b>99</b>		Arrest Number <b>63398</b>			
ARRESTEE	Name (Last, First, Middle) <b>WEST, AMANDA JOY</b>			D.O.B. <b>10/02/1981</b>	Age <b>32</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>BOONE, NC</b>	Country of Citizenship <b>US</b>
	Current Address <b>3010 Zacks Fork Rd, LENOIR, NC 28645</b>			Phone <b>828-729-3067</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name <b>SELF-EMPLOYED</b>			Address <b>3010 ZACKS FORK RD LENOIR, NC 28645</b>			Phone <b>828-729-3067</b>		
	Also Known As (Alias Names) <b>MILLER, AMANDA JOY WEST; WEST, AMANDA</b>			Hgt <b>5'03</b>	Wgt <b>190</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>TATT LEFT WRIST / BRIANNA; TATT RIGH</b>			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name <b>PRICE, TRAVIS</b>			Address <b>3010 ZACKS FORK RD, LENOIR, NC 28645</b>			Phone <b>828-757-3956</b>		
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</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>1821 SW WAYCROSS DR, LENOIR</b>				
	Charge #1 <b>Possess Methamphetamine</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95 (A) (3)</b>	Warr. Date <b>08/16/2014</b>	
	Charge #2 <b>Possess Drug Paraphernalia</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22(A)</b>	Warr. Date <b>08/16/2014</b>	
	Charge #3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date	
VEHICLE	VYR	Make	Model	Style	Color	Plate #/State	VIN		
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Name of Other _____ 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? _____								
CONFINED	Date/Time Confined <b>08/16/2014 01:03:00</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>\$25,000.00</b>	Trial Date <b>08/19/2014 00:00</b>	Court Of <b>District Court</b>		City <b>LENOIR</b>		
	Assisting Officer Name/ID # <b>REID, J. H. 1</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								
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each		
							Possess	Buy	
							Sale	Mfg.	
							Importing	Operating	
COMP	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:		
	The defendant was handcuffed behind her back and secured with a seat belt for transport. [08/18/2014 12:24, BWOODY, 576, LPD]								
STATUS	Arresting Officer Signature/ID # <b>GREENE, D. P. (DG2009)</b>			Date/Time Submitted <b>08/17/2014 04:30</b>		Supervisor Signature <b>INGRAM, B. H.</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				