

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 07/27/2014 14:55		OCA 1404213	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract 11		Residence Tract 12		Arrest Number 63028	

A R R E S T E E	Name (Last, First, Middle) CORPENING, JACKIE JEVON				D.O.B. 09/23/1973		Age 40		Race B		Sex M		Place of Birth LENOIR, NC		Country of Citizenship US	
	Current Address 1615 Nw Holly Ct, LENOIR, NC 28645				Phone 828-851-8202				Occupation Laborer				<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name TYSON FOODS INC				Address 115 FACTORY ST WILKESBORO				Phone 336-838-2177							
	Also Known As (Alias Names) "JJ"				Hgt 5'10		Wgt 190		Hair BLK		Eyes BRO		Skin Tone DRK		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
	Scars, Marks, Tattoos TATT LEFT FOREARM / CROSS; TATT LEFT				Social Security #				OLN and State				Misc. # and Type			
	Nearest Relative Name CONLEY, MARYL				Address UNKNOWN				Phone 828-754-5668							

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 308 BLOWING ROCK BLVD, LENOIR	
	Charge #1 Resist Delay Obstruct Public Officer		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts 1	
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts	
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts	

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 07/27/2014 16:02:00		Place Confined CCDC		Committing Magistrate KEENE JILL	
	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 \$500.00		Trial Date 09/15/2014 00:00	
	Court Of District Court		City LENOIR			
	Assisting Officer Name/ID # ROBINSON, C. A. 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											
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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:			
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N A R R A T I V E	The subject was handcuffed behind the back, secured in the rear of my patrol car, and transported to the Caldwell County Detention Center. [07/28/2014 15:10, BWOODY, 576, LPD]											
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S T A T U S	Arresting Officer Signature/ID # COFFEY, M. S. (MC2013)				Date/Time Submitted 07/27/2014 18:00				Supervisor Signature ROBINSON, C. A.			
	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			