

ARREST REPORT

AGENCY	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 08/17/2014 04:25		OCA				
	Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number 63406				
ARRESTEE	Name (Last, First, Middle) HERNANDEZ, OMAR VELASQUEZ			D.O.B. 12/20/1991		Age 22	Race W	Sex M	Place of Birth	Country of Citizenship	
	Current Address 1113 Sleepy Hollow Rd, LENOIR, NC 28645			Phone		Occupation		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name			Address				Phone			
	Also Known As (Alias Names) LOPEZ, CHRIS			Hgt '	Wgt 0	Hair	Eyes	Skin Tone	Consumed Drug/Alcohol <input 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			Address				Phone			
ARREST	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest					
	Charge #1 Fail To Appear		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (if not arresting agency)		Statute # 15A-305	Warr. Date		
	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		
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 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		Place Confined				Committing Magistrate				
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date		Court Of _____ City				
	Assisting Officer Name/ID # 0			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 type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:			
	NARRATIVE										
STATUS	Arresting Officer Signature/ID # REID, J. H. (JR2010)			Date/Time Submitted //			Supervisor Signature				
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed			Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation			Arrestee Signature				