

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/27/2014 16:02</b>		OCA				
	Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number <b>63028</b>				
A R R E S T E E	Name (Last, First, Middle) <b>CORPENING, JACKIE JEVON</b>			D.O.B. <b>09/23/1973</b>		Age <b>40</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>LENOIR, NC</b>	Country of Citizenship <b>US</b>	
	Current Address <b>1614 Nw Holly Ct, LENOIR, NC 28645</b>			Phone <b>828-851-8202</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name <b>UNEMPLOYED</b>			Address					Phone <b>828- -</b>		
	Also Known As (Alias Names) <b>"JJ"</b>			Hgt <b>5'10</b>	Wgt <b>180</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DRK</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos <b>TATT LEFT FOREARM / CROSS; TATT LEFT</b>			Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name <b>TIM STEEL</b>			Address <b>1614 HOLLY CT, LENOIR 28645</b>					Phone <b>828-640-5545</b>		
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>			<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					
A R R E S T	Charge #1 <b>Resist Delay Obstruct Public Officer</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2650</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-223</b>	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		
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		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 <b>\$0.00</b>		Trial Date		Court Of _____ City				
Assisting Officer Name/ID # <b>0</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 type="checkbox"/> Victim <input type="checkbox"/>			Address					Phone:		
S T A T U S	Arresting Officer Signature/ID # <b>COFFEY, M. S. (MC2013)</b>			Date/Time Submitted <b>//</b>			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					