

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/09/2014 20:15</b>		OCA				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number <b>62630</b>				
A R R E S T E E	Name (Last, First, Middle) <b>MURPHY, WILLIAM ROBEY</b>			D.O.B. <b>05/17/1993</b>		Age <b>21</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth	Country of Citizenship <b>US</b>	
	Current Address <b>226 Nw Wilson St, B18, LENOIR, NC 28645</b>			Phone <b>828-758-4459</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)			Hgt <b>6'03</b>	Wgt <b>270</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>FAI</b>	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		
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest						
	Charge #1 <b>Shoplifting (concealment Of Goods)</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0630</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72.1(A)</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:		
	NARRATIVE										
S T A T U S	Arresting Officer Signature/ID # <b>SANDERS, T. G. (TS2013)</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					