

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 07/31/2014 23:30		OCA		
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number 63130		
A R R E S T E E	Name (Last, First, Middle) TOLBERT, DYLAN KYLER			D.O.B. 04/06/1997	Age 17	Race W	Sex M	Place of Birth LENOIR, NC	Country of Citizenship US
	Current Address 811 Old North Rd, LENOIR, NC 28645			Phone 828-612-5050		Occupation Student		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name UNEMPLOYED			Address				Phone 808-758-7376	
	Also Known As (Alias Names) TOLBERT, DILLON KYLER			Hgt 6'01	Wgt 145	Hair BRO	Eyes BLU	Skin Tone LT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos SCAR RIGH CALF			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name TOLBERT, PAM			Address 811 OLD NORTH RD, LENOIR, NC 28645				Phone 828-612-5050	
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			
	Charge #1 Larceny After Break/enter	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (if not arresting agency)		Statute # 14-72(B)(2)	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 \$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								
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 # CRISP, M. S. (MC2010)			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				