

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 08/17/2014 01:10		OCA																																																																																																																			
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63398																																																																																																																			
A R R E S T E E	Name (Last, First, Middle) WEST, AMANDA JOY				D.O.B. 10/02/1981		Age 32	Race W	Sex F	Place of Birth BOONE, NC		Country of Citizenship US																																																																																																																
	Current Address 310 Zacks Fork Road, LENOIR, NC 28645				Phone 828-358-9926		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Consumed Drug/Alcohol																																																																																																																	
	Employer's Name UNEMPLOYED				Address				Phone 828- -																																																																																																																			
	Also Known As (Alias Names) MILLER, AMANDA JOY WEST; WEST, AMANDA				Hgt 5'03	Wgt 190	Hair BLK	Eyes BRO	Skin Tone LT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																																																																																																																		
	Scars, Marks, Tattoos TATT LEFT WRIST / BRIANNA; TATT RIGH				Social Security #		OLN and State		Misc. # and Type																																																																																																																			
	Nearest Relative Name PRICE, SHERRY				Address 2310 ZACKS FORK RD, LENOIR, NC 28645				Phone 828-640-5002																																																																																																																			
	If Armed, Type of Weapon NOT APPLICABLE/NONE				<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest																																																																																																																			
A R R E S T	Charge #1 Possess Methamphetamine		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95 (A) (3)		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																																																																																																																			
S T A T U S	Status Codes: L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																																																																																																																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DCI</th> <th rowspan="2">Status</th> <th rowspan="2">Quantity</th> <th rowspan="2">Type Measure</th> <th rowspan="2">Suspected Type</th> <th colspan="6">Check up to 3 types of activity for each</th> </tr> <tr> <th>Possess</th> <th>Buy</th> <th>Sale</th> <th>Mfg.</th> <th>Importing</th> <th>Operating</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each						Possess	Buy	Sale	Mfg.	Importing	Operating																																																																																															
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C O M P L A I N T	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:																																																																																																																			
	NARRATIVE																																																																																																																											
S T A T U S	Arresting Officer Signature/ID # GREENE, D. P. (DG2009)				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																																																																																																																							