

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 09/11/2014 19:30		OCA	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63943	

A R R E S T E E	Name (Last, First, Middle) DILLANGER, ALYSSA LEANNE				D.O.B. 06/29/1992		Age 22	Race W	Sex F	Place of Birth		Country of Citizenship US	
	Current Address 415 Nw Stonewall St, D18, LENOIR, NC 28645				Phone 828-228-6549			Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name UNEMPLOYED				Address						Phone		
	Also Known As (Alias Names) DELLINGER, ALYSSA LEANNE				Hgt 5'04	Wgt 241	Hair BLO	Eyes BLU	Skin Tone FAI	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 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 Assault And Battery		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0810	Offense Jurisdiction (if not arresting agency)		Statute # 14-33(A) AB	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						
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D R U G S	A R R E S T	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:	
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S T A T U S	Arresting Officer Signature/ID # BEAVERS, S. L. (SB2003)		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	