## ARREST REPORT

A	Agency Name							ORI	Date/	Date/Time Arrested OCA					)CA					
G I E N N F	Lenoir Police Department							014020					14:14		1404966					
CO	Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract			Residence Tract			Arrest Num						
Υ	Photos Name (Last, First, Middle)							13	D 0 D	99				╨	Place of Birth Country of			0		
A R R E S T E E	SMITH, DEBORAH GAYLE								D.O.B. Age Race S 09/11/1952 61 W F						ľ	Place of B		Country of Citizenship		
	Current Address 1522 Valway Rd, LENOIR, NC 28645							Phone <b>828</b>				Occupation Laborer				Resident				
	Employer's Name UNEMPLOYED							Addres						Phone <b>828-</b> -						
	Also Known As (Alias Names)								Hgt	1	Vgt	1	. ,			kin Tone   Consumed Drug/Alcohol				
	SMITH, DEBBIE Scars, Marks, Tattoos							Social Secu	5'09 urity #	10	160 B				LT ☐ Yes ☐ lisc. # and Type		□ No □ Unk			
	SCAR LEFT ARM																			
		Relative		•	Addres	is		HAIKAIOWAI					Phone 010-071-6075							
	SANDY SMITH  If Armed, Type of Weapon							inal Summons			UNKNOWN  Place of Arrest					919-971-6075				
A I N F O T	NOT APPLICABLE/NONE								Warrant 217			SW I				N BLVD, LENOIR				
	Charge #1 Hold Until Sober						1	Counts	DCI Code 4040	Offense Juriso			on (if not a	rresting	agency)	Statute # 122 (C)-301		Warr. Date <b>09/04/2014</b>		
	Charge #2							Counts	DCI Code				e Jurisdiction (if not arresting agency)				Statute #	Warr. Date		
	Charge	#3				☐ Misd		Counts	unts DCI Code			Offense Jurisdiction (if not arresti				agency) Statute # W				
						☐ Fel ☐ Misd						g -g),								
Н М <	VYR Make Model				;	Style		Color	Plate #/State	)	VIN							=		
	Vehicle 1. Left at Scene Secured Unsecure Date/Time  2. Released to other at owners request Name of Other																			
۷	2. Released to other at owners request Name of Other 3. Impounded Place of storage Inventory on File?																			
ПХ-1200 ОХОВ		me Confi <b>4/201</b>	ined 4 15:36:00		Committing Magistrate															
	09/04/2014 15:36:00         CCDC           Type Bond         Bond Amount           ☐ Written Promise         Unsecured							Trial Date				Court Of City								
	☐ Secured ☐ No Bond ☐ Other						00		Du (Name / Department / ID #)			Date (Time Delegand								
Ď	Assisting Officer Name/ID # SMITH, C. E. 1						Released By (Name/Department				חוטוט #)					Date/Time Released				
Status Codes	us es L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																			
D A	DCI Status Quantity Type Measure							Suspected Type				<del></del>					eck up to 3 types of activity for each			
													Possess	Buy	Sale	Mfg.	Importing	Operating		
		<del>                                      </del>													1					
D R U G S												+								
ST																				
										-										
C M P	Name:	Comp	olainant <b>∑</b>	Victim		Address Phone:														
N A R	Smith had consumed multiple malt beverages. I was unable to locate anyone to care for Smith. Smith was handcuffed and transported by department policy.															n. Smith				
R	was	nano	icurred an	d trans	porte	a by dep	art	ment p	olicy.											
A T	[09/	05/2	2014 12:53	, BWOOD	Y, 57	6, LPD]														
I V E																				
S T	Arresting Officer Signature/ID # FOUST, M. M. (MF2012)							e/Time Subr	.//1	Supervisor Signature  MILLS, C. T.										
A T	Case Status: Case Disposition:								09/04/2014 15:41    MILLS, C. T.											
Ü	☐ Further Inv. ☐ Inactive ☐ Closed ☐ Arrest / No Investigation						t Need	ded	t l											
	DCLGO					J												D 0/0		

DCI-608F Rev. 3/92