

## ARREST REPORT

|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|--------------------------------------|---|--------------------------------------|--|---|---|--|--|--|--|------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>Lenoir Police Department</b>  |                                      | ORI<br><b>0140200 C0015</b>  |   | Date/Time Arrested<br><b>09/15/2014 10:54</b> |  | OCA                                      |  |  |      |           |           |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos  | Fingerprint Card Check Digit # (CKN) | Arrest Tract   |   | Residence Tract                               |  | Arrest Number<br><b>64001</b>            |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>CORNETT, HEATHER DEANNE</b>  |                                      |  | D.O.B.<br><b>08/31/1990</b>   | Age<br><b>24</b>                              | Race<br><b>W</b>                               | Sex<br><b>F</b>                          | Place of Birth<br><b>HICKORY, NC</b>   | Country of Citizenship<br><b>US</b>  |      |           |           |
|                                      | Current Address<br><b>503 Nw Broadway St, LENOIR, NC 28645</b>  |                                      |  | Phone<br><b>828-729-2020</b>  |   | Occupation<br><b>Unemployed</b>                |  | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |  |      |           |           |
|                                      | Employer's Name<br><b>UNEMPLOYED</b>  |                                      |  | Address   |   |  |  | Phone<br><b>828- -</b>   |  |      |           |           |
|                                      | Also Known As (Alias Names)   |                                      |  | Hgt<br><b>5'03</b>  | Wgt<br><b>205</b>                             | Hair<br><b>BRO</b>                             | Eyes<br><b>BRO</b>                       | Skin Tone<br><b>LT</b>   | Consumed Drug/Alcohol<br><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<br><b>MCCALL, JOYCE</b>   |                                      |  | Address<br><b>3990 CEDAR CREEK CT, LENOIR, NC 28645</b>   |   |  |  | Phone<br><b>828-728-4248</b>   |  |      |           |           |
|                                      | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>  |                                      |  | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant |   | Place of Arrest                                |  |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | Charge #1<br><b>Fail To Appear</b>  |                                      | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd   | Counts<br><b>1</b>  | DCI Code<br><b>2640</b>                       | Offense Jurisdiction (if not arresting agency) |  | Statute #<br><b>15A-305</b>  | Warr. Date   |      |           |           |
|                                      | Charge #2   |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd  | Counts  | DCI Code                                      | Offense Jurisdiction (if not arresting agency) |  | Statute #  | Warr. Date   |      |           |           |
|                                      | Charge #3   |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd  | Counts  | DCI Code                                      | Offense Jurisdiction (if not arresting agency) |  | Statute #  | Warr. Date   |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |                                      |  |   |   |  |  |  |  |      |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined  |                                      | Place Confined   |   |   | Committing Magistrate                          |  |  |  |      |           |           |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other  |                                      | Bond Amount<br><b>\$0.00</b>   |   | Trial Date                                    |  | Court Of _____ City                      |  |  |      |           |           |
|                                      | Assisting Officer Name/ID #<br><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<br>R<br>U<br>G<br>S                | DCI   | Status                               | Quantity   | Type Measure  | Suspected Type                                |  | Check up to 3 types of activity for each |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  | Possess                                  | Buy  | Sale   | Mfg. | Importing | Operating |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
|                                      |   |                                      |  |   |   |  |  |  |  |      |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>  |                                      |  | Address   |   |  |  | Phone:   |  |      |           |           |
|                                      | NARRATIVE   |                                      |  |   |   |  |  |  |  |      |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>COFFEY, M. S. (MC2013)</b>   |                                      |  | Date/Time Submitted<br><b>//</b>  |   | Supervisor Signature                           |  |  |  |      |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input type="checkbox"/> Closed  |                                      | Case Disposition:<br><input type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation |   | Arrestee Signature                            |  |  |  |  |      |           |           |