ARREST REPORT

A	Agency Name							ORI			Date/Time Arrested OC					DCA			
G I E N N F	Lenoir Police Department							014020		-			22:25			1403382			
CO	Taken Fingerprint Card Check Digit # (CKN) □ Prints							Arrest Tract			sidence	Tract		ll l	rrest Num				
Υ	☐ Photos							12	99			Race Sex			62191 Place of Birth Coun			O-contract	
ARRESTEE	Name (Last, First, Middle) HEDRICK, AARON KYLE								D.O.B. 04/22/199	3			Sex M			Place of B	us	Country of Citizenship	
	Current Address 411 Sw Realty St, LENOIR, NC 28645								Phone 828-758-2	Phone 828-758-2931			Occupation	า		Resident Unknown Non-Resident			
	Employer's Name SELF EMPLOYED							Addres								Phone 828- -			
	Also Known As (Alias Names)								Hgt 5'10		Wgt Hair 150 BLO			1 1			kin Tone Consumed Drug/Alcohol FAI Yes No Unk		
	Scars, Marks, Tattoos							Social Secu	rity # O		OLI	OLN and State			Misc. # and Type				
		Relative	Name K, CLEATU		Addres	AREMONT, NC 28610				Phone 828-459-0430									
A R R E S T								al Summons	Ш	Place of Arrest									
	Charge #1							tation Counts	Warrant DCI Code		411 SW REALTY ST, LENOIR Offense Jurisdiction (if not arresting agency) Statute # Warr. Date								
	Hold Until Sober Fel D3 Mis Charge #2						1	Counts	4040 DCI Code Offens			ense Jurisdiction (if not arresting agency)				122C-301 Statute #		Warr. Date	
	Charge	#2			☐ Fel ☐ Misd		Counts	DCI Code		Offense Junsuiction (ii not and			arresurig	agency)					
	Charge	#3			☐ Fel ☐ Misd		Counts	DCI Code Offense			Jurisdiction (if not arresting agency)				Statute # Warr		Warr. Date		
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																		
J			☐ Impounded	☐ Place of	•											Inventory	on File?		
CONF-NE	Date/Time Confined Place Confined CCDC							Committing Magistrate											
	Type Bond Bond Amount Written Promise Unsecured							Trial Date Co					ourt Of City						
	Secured No Bond Other					\$0.	\$0.00						II Dut Tim Dilayed						
Ď	Assisting Officer Name/ID # COFFEY, M. S. 1						Released By (Name/Departme					nent/ID #) Date/Time Released							
Status Codes	L - Los	t S-	- Stolen R - R	ecovered	D - Damaç	ged Z - Seiz	zed	B - Burne	d C - Counte	erfeit /	Forged	F-	Found						
ARREST AR UGS	DCI Status Quantity Type Measure						Suspected Type						Check up to 3 types of activity for each						
													Possess	Buy	Sale	Mfg.	Importing	Operating	
	 														#				
G S												#							
Ţ																			
		 																	
u Mo L	Name:	Comp	olainant I		Address								Phone:						
N	The defendant consumed alcohol prior to his arrest. The defendant was handcuffed and secured in the rear of my patrol car for transport.																		
A R R	the	rear	of my pa	itrol ca	r for	transpo	rt.												
A T	[06/	/17/2	2014 10:18	, BWOOD	Y, 57	6, LPD]													
I V E																			
S T	Arresting Officer Signature/ID #							Date/Time Submitted				Supervisor Signature							
Å T	BROWN, D. (DB2012) Case Status: Case Disposition:							06/14	06/14/2014 04:20 ROBINSON, C. A.										
Ů S	☐ Further Inv. ☐ Cleared By Arrest / No Supplement						t Need	II *											
3	∐ Ina		☑ Closed	☐ Arrest /	NO Investiç	gation													

DCI-608F Rev. 3/92