ARREST REPORT

AGENCY INFO

Agency Name	ORI	Date/Time Arrested	OCA
Lenoir Police Department	**0140200 C0015**	**07/29/2014 16:01**	

Taken
- ☐ Prints
- ☐ Photos

Fingerprint Card Check Digit # (CKN)	Arrest Tract	Residence Tract	Arrest Number
			63083

ARRESTEE INFO

Name (Last, First, Middle)	D.O.B.	Age	Race	Sex	Place of Birth	Country of Citizenship
NERO, COLE MATTHEW	**11/05/1994**	**19**	**W**	**M**		

Current Address	Phone	Occupation	
237 Linkside Ct, LENOIR, NC 28645	**828-757-8715**		☐ Resident ☒ Unknown ☐ Non-Resident

Employer's Name	Address	Phone

Also Known As (Alias Names)	Hgt	Wgt	Hair	Eyes	Skin Tone	Consumed Drug/Alcohol
	5'11	**170**	**BRO**	**GRN**	**LT**	☐ Yes ☐ No ☐ Unk

Scars, Marks, Tattoos	Social Security #	OLN and State	Misc. # and Type
TATT LEFT CHEST / EAGLE			

Nearest Relative Name	Address	Phone

ARREST INFO

If Armed, Type of Weapon		Place of Arrest
NOT APPLICABLE/NONE	☐ On-View ☐ Criminal Summons ☒ Order for Arrest ☐ Citation ☐ Warrant	

Charge #1		Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date
Simple Possess Of Sch 6 C/s	☐ Fel ☒ Misd	**1**	**1810**		**90-95(D)(4)**	

Charge #2		Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date
	☐ Fel ☐ Misd					

Charge #3		Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date
	☐ Fel ☐ Misd					

VEH INFO

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_____
3. ☐ Impounded ☐ Place of storage_____ Inventory on File?_____

CONFINED / BOND

Date/Time Confined	Place Confined	Committing Magistrate

Type Bond	Bond Amount	Trial Date	Court Of	City
☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other	**$0.00**			

Assisting Officer Name/ID #	Released By (Name/Department/ID #)	Date/Time Released
0		

DRUGS / ARREST

Status Codes: L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found

DCI	Status	Quantity	Type Measure	Suspected Type	Possess	Buy	Sale	Mfg.	Importing	Operating

Check up to 3 types of activity for each

COMP

Name: Complainant☐ Victim☐	Address	Phone:

NARRATIVE

STATUS

Arresting Officer Signature/ID #	Date/Time Submitted	Supervisor Signature
GIBSON, J. D. (JG2010)	**//**	

Case Status:	Case Disposition:	Arrestee Signature
☐ Further Inv. ☐ Inactive ☐ Closed	☐ Cleared By Arrest / No Supplement Needed ☐ Arrest / No Investigation	

DCI-608F

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