

## ARREST REPORT

<b>A G E N C Y</b>	Agency Name <b>Lenoir Police Department</b>				ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/13/2014 11:35</b>		OCA	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number <b>63336</b>	

  

<b>A R R E S T E E</b>	Name (Last, First, Middle) <b>SANDERS, DARRELL RAY</b>				D.O.B. <b>12/04/1979</b>		Age <b>34</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>BURKE CO, NC</b>		Country of Citizenship <b>US</b>	
	Current Address <b>54 Oak Grove Dr, HAMPSTEAD, NC 28443</b>				Phone		Occupation <b>Laborer</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>				Address				Phone				
	Also Known As (Alias Names) <b>D</b>				Hgt <b>6'01</b>	Wgt <b>205</b>	Hair <b>BRO</b>	Eyes <b>HAZ</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT    BACK / SANDERS; TATT BTH</b>				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name				Address				Phone				

  

<b>A R R E S T</b>	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<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 <b>Obtain Property By False Pretense</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1120</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-100</b>	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

  

<b>V E H I C L E</b>	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? _____						

  

<b>C O N F I N E D</b>	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 <b>\$0.00</b>		Trial Date	
	Assisting Officer Name/ID # <b>0</b>		Released By (Name/Department/ID #)		Date/Time Released	

  

<b>S T A T U S</b>	Status Codes    L - Lost    S - Stolen    R - Recovered    D - Damaged    Z - Seized    B - Burned    C - Counterfeit / Forged    F - Found																																																																																																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DCI</th> <th>Status</th> <th>Quantity</th> <th>Type Measure</th> <th>Suspected Type</th> <th></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						DCI	Status	Quantity	Type Measure	Suspected Type																																												Check up to 3 types of activity for each <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Possess</th> <th>Buy</th> <th>Sale</th> <th>Mfg.</th> <th>Importing</th> <th>Operating</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Possess	Buy	Sale	Mfg.	Importing	Operating																																									
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<b>C O M P L A I N T</b>	Name:    Complainant <input type="checkbox"/> Victim <input type="checkbox"/>		Address		Phone:	
	NARRATIVE					

  

<b>S T A T U S</b>	Arresting Officer Signature/ID # <b>HAMBY, R. L. (RH2013)</b>		Date/Time Submitted <b>//</b>		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	