## ARREST REPORT

| A I N F           | Agency   |            |                             |             | ORI                   |         |           | Date/Time Arrested OCA 09/21/2014 00:05 |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|-------------------|--|------------|-----------------------------|-------------|-----------------------|---------|-----------|---|---------------------------|------------------|-------------|----------------------|--------------------------------------|-----------------|---------------------------|--------------------------------|----------------------|-----------------------------------|--|
| E N<br>N F        | Lenoir Police Department  Taken Fingerprint Card Check Digit # (CKN)   |            |                             |             |                       |         |           | 140200<br>rrest Tract                   | C0015                     | C0015 09/21/2    |             |                      |                                      |                 |                           | est Number                     |                      |                                   |  |
| ÇΟ                | ☐ Prin   | its        | 3p                          |             |                       |         |           |   |                           | 64097            |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| A R R E S T E E   | Name (   | Last, Firs | t, Middle)                  | <del></del> |                       | D.O.B.  |           | Age                                     | Race                      | Sex              | Sex         |                      |                                      |                 | Country of<br>Citizenship |                                |                      |                                   |  |
|                   | COLTRAINE, HORACE LEE JR  Current Address  |            |                             |             |                       |         |           |   | 07/20/198                 | 1 :              |             |                      |                                      |                 | PA US                     |                                |                      | ·                                 |  |
|                   | 1211 Sw Spainhour St, 1, LENOIR, NC 2864   |            |                             |             |                       |         |           |   | Phone <b>828-228-2182</b> |                  |             | Occupation  Laborer  |                                      |                 |                           | Resident Unknown  Non-Resident |                      |                                   |  |
|                   | Employer's Name PICCOLLOS  |            |                             |             |                       |         |           | Address                                 |                           |                  |             | LENOIR               |                                      |                 |                           |                                | Phone <b>828-</b> -  |                                   |  |
|                   | Also Known As (Alias Names) TITO; TETO; T DOG  |            |                             |             |                       |         |           |   | Hgt <b>6'01</b>           | 1                | -           |                      |                                      | Eyes<br>BRC     |                           | kin Tone                       |                      | Consumed Drug/Alcohol  Yes No Unk |  |
|                   | Scars, Marks, Tattoos  |            |                             |             |                       |         |           | ocial Securi                            |                           |                  | OLN and Sta |                      |                                      |                 |                           | Misc. # and Type               |                      |                                   |  |
|                   | TATT RIGH ARM / "TETO"; TATT RIGH  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   | Nearest Relative Name TENESHA BOWERS Address BEALL ST, LENOIR, NC  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      | Pho             | ne                        |                                |                      |                                   |  |
| A R R E S T       |  |            | f Weapon                    | /NONE       |                       |         | Summons   |   | rrest                     |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   | NOT APPLICABLE/NONE  |            |                             |             |                       |         | Citati    | ounts \                                 | Narrant<br>DCI Code       | Offense Juriso   |             |                      | risdiction (if not arresting agency) |                 |                           |                                | Statute # Warr. Date |                                   |  |
|                   | Fail To Appear   |            |                             |             |                       |         | 1         |   | 2640                      |                  |             |                      |                                      |                 |                           | 15.                            |                      |                                   |  |
|                   | Charge #2  |            |                             |             |                       |         | Co        | ounts                                   | DCI Code                  | Offense Jurisdic |             |                      | diction (if not arresting agency)    |                 |                           |                                | Statute #            | Warr. Date                        |  |
|                   | Charge #3  |            |                             |             |                       |         | Co        | ounts                                   | DCI Code                  | Of               | ffense      | Jurisdiction         | on (if not a                         | rresting        | agency)                   | Statute #                      |                      | Warr. Date                        |  |
| > E F O           | VYR Make Model   |            |                             |             | Style                 | (       | Color     | Plate #/State                           |                           |                  | VIN         |                      |                                      |                 | Ü                         |                                |                      |                                   |  |
|                   | Vehicle  |            | Left at Scene Released to o |             | Secured               |         |           |   | Date/Time_                |                  |             | U                    |                                      |                 |                           |                                |                      |                                   |  |
|                   |  |            | Impounded                   | Place o     |                       | □ Name  | e of Othe | er                                      |                           |                  |             |                      |                                      |                 |                           | Inventory                      | on File?             |                                   |  |
| BOND              | Date/Tir   | me Confi   | ned                         |             | Committing Magistrate |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   | Type Bond Bond Amount  Written Promise Unsecured   |            |                             |             |                       |         | - 1       |   |                           |                  |             |                      | urt Of City                          |                 |                           |                                |                      |                                   |  |
|                   | Assisting Officer Name/ID #  |            |                             |             |                       |         | .00       | Released By (Name/Department/ID #)      |                           |                  |             | Date/Time Released   |                                      |                 |                           |                                |                      |                                   |  |
| Status            | L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found   |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| Codes             | DCI Status Quantity Type Measure Suspected Type  Check up to 3 tyle  Check up to 4 tyle  Check up to 4 tyle  Check up to 4 tyl |            |                             |             |                       |         |           |   |                           |                  |             |                      | o 3 types                            | of activity for | each                      |                                |                      |                                   |  |
| D R U G S         | Status Quantity Type Meast   |            |                             |             |                       |         |           | Suspecieu                               |                           |                  |             |                      | Possess                              | Buy             | Sale                      | Mfg.                           | Importing            | Operating                         |  |
|                   |  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   |  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| G T E             | <del>                                      </del>  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| 1                 |  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   |  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   |  |            |                             |             |                       |         |           | 1                                       |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| C O M             | Name: Complainant  Victim  □   |            |                             |             |                       |         |           |   | Address Phone:            |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
|                   | !  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| N A R R A T - V E |  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| S E               | Arrestin   | g Officer  | Signature/ID #              |             |                       |         | Date/     | Date/Time Submitted                     |                           |                  |             | Supervisor Signature |                                      |                 |                           |                                |                      |                                   |  |
| Ť<br>A            | GREENE, C. L. (CG2010)   |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| T<br>U            | Case Status:       Case Disposition:       Arrestee Signature         ☐ Further Inv.       ☐ Cleared By Arrest / No Supplement Needed  |            |                             |             |                       |         |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      |                                   |  |
| S                 | DCI-60   |            | Closed                      | ☐ Arrest /  | No Investi            | igation |           |   |                           |                  |             |                      |                                      |                 |                           |                                |                      | Rev 3/9                           |  |