

## 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>08/26/2014 16:50</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>63629</b>            |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>BLEVINS, JEFFREY DOUGLAS</b>   |  |   | D.O.B.<br><b>10/15/1970</b>                         | Age<br><b>43</b>                               | Race<br><b>W</b>          | Sex<br><b>M</b>                          | Place of Birth<br><b>CALDWELL, NC,</b>   | Country of Citizenship<br><b>US</b>  |      |           |           |
|                                      | Current Address<br><b>1735 Oakmont Dr, LENOIR, NC 28645</b>   |  |   | Phone<br><b>828-315-1225</b>                        |  | Occupation<br><b>None</b> |  | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |  |      |           |           |
|                                      | Employer's Name<br><b>AB&amp;J CONSTRUCTIONS</b>  |  |   | Address<br><b>1735 OAKMONT DR LENOIR, NC 28645</b>  |  |                           | Phone<br><b>828-315-1225</b>             |  |  |      |           |           |
|                                      | Also Known As (Alias Names)   |  |   | Hgt<br><b>6'00</b>                                  | Wgt<br><b>200</b>                              | Hair<br><b>BRO</b>        | Eyes<br><b>BLU</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>BLEVINS, DOUG</b>   |  |   | Address<br><b>4231 MOUNTAINVIEW CIR, LENOIR, NC</b> |  |                           | Phone<br><b>828-302-9816</b>             |  |  |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>  |  | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant |   | Place of Arrest                                |                           |  |  |  |      |           |           |
|                                      | Charge #1<br><b>Possess Drug Paraphernalia</b>  | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd | Counts<br><b>1</b>  | DCI Code<br><b>1834</b>                             | Offense Jurisdiction (if not arresting agency) |                           | Statute #<br><b>90-113.22</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:   |  |      |           |           |
|                                      |   |  |   |   |  |                           |  |  |  |      |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>POYTHRESS, Z. G. (ZP2009)</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                             |                           |  |  |  |      |           |           |