

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 08/02/2014 17:25		OCA	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63153	

A R R E S T E E	Name (Last, First, Middle) LANEY, KIMBERLY WALKER				D.O.B. 07/23/1965		Age 49	Race W	Sex F	Place of Birth VALDESE, NC		Country of Citizenship US	
	Current Address 2615 Piper Pl, LENOIR, NC 28645				Phone 828-303-8804		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown		
	Employer's Name COMFORT INN				Address 970 BLOWING ROCK BLVD, LENOIR, NC				Phone 828-754-2090				
	Also Known As (Alias Names) LANEY, KIM				Hgt 5'02	Wgt 105	Hair BRO	Eyes BLU	Skin Tone LT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos TATT UPP BACK / ANGEL WINGS; TATT				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name EDMISTEN, RUTH				Address 2615 PIPER PL, LENOIR, NC 28645				Phone				

A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 Larceny (misdemeanor)		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (if not arresting agency)		Statute # 14-72 (A)	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

V E H I C L 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 _____ 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? _____						

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

S T A T U S	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	Check up to 3 types of activity for each					
D R U G S							Possess	Buy	Sale	Mfg.	Importing	Operating

C O M P L A I N T	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:	
	NARRATIVE									

S T A T U S	Arresting Officer Signature/ID # SANDERS, T. G. (TS2013)		Date/Time Submitted //		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	