

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/16/2014 00:27</b>		OCA <b>1404558</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>13</b>		Residence Tract <b>99</b>		Arrest Number <b>63391</b>				
A R R E S T E E	Name (Last, First, Middle) <b>OLIVER, STEPHEN LEE</b>			D.O.B. <b>03/14/1966</b>	Age <b>48</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth		Country of Citizenship <b>US</b>		
	Current Address <b>4107 Shoun Dr, HUDSON, NC 28638</b>			Phone <b>828-499-1356</b>		Occupation <b>Disabled</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone <b>828- -</b>				
	Also Known As (Alias Names)			Hgt <b>6'03</b>	Wgt <b>168</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>ABLE, LISA</b>			Address <b>4107 SHOUN DR, HUDSON, NC 28638</b>				Phone <b>828-381-5465</b>				
A R R E S T	If Armed, Type of Weapon <b>KNIFE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>NORWOOD ST/ MCLEAN DR, LENOIR</b>							
	Charge #1 <b>Fail To Appear</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2640</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>	Warr. Date <b>03/25/2014</b>			
	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 <b>08/16/2014 01:24:00</b>		Place Confined <b>CCDC</b>		Committing Magistrate <b>WALKER MATT</b>							
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Bond Amount <b>\$1,500.00</b>		Trial Date <b>09/16/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>			
	Assisting Officer Name/ID # <b>REID, J. H.   1</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 R U G S	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name:   Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
S T A T U S	Arresting Officer Signature/ID # <b>INGRAM, B. H. (BI2006)</b>			Date/Time Submitted <b>08/16/2014 06:22</b>		Supervisor Signature <b>INGRAM, B. H.</b>						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							