

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/10/2014 17:05</b>		OCA <b>1403857</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>13</b>		Arrest Number <b>62668</b>
A R R E S T E E	Name (Last, First, Middle) <b>BUMGARNER, BARBARA CHAVIS</b>			D.O.B. <b>10/20/1952</b>		Age <b>61</b>	Race <b>W</b>	Sex <b>F</b>
	Current Address <b>324 Se Hibriten Dr, LENOIR, NC 28645</b>			Phone <b>828-754-9114</b>		Occupation <b>None</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name <b>DISABLED</b>			Address			Phone <b>828-726-7671</b>	
	Also Known As (Alias Names)			Hgt <b>5'01</b>	Wgt <b>145</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>TATT RIGH ANKLE / JOHNNY; SCAR</b>			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name <b>CRANE, AUDREY DEAN</b>			Address <b>2409 GREENWAY STREET, LENOIR, NC</b>			Phone <b>828-728-2752</b>	
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>550 HICKORY BLVD, LENOIR</b>			
	Charge #1 <b>Communicating Threats</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0820</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-277.1</b> Warr. Date <b>03/31/2014</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		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 <b>08/05/2014 00:00</b>		Court Of <b>District Court</b> City <b>LENOIR</b>	
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #) <b>BARLOWE, M. A.</b>			Date/Time Released <b>07/10/2014 17:20:00</b>	
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 checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
S T A T U S	Arresting Officer Signature/ID # <b>BARLOWE, M. A. (MB2007)</b>			Date/Time Submitted <b>07/11/2014 09:00</b>		Supervisor Signature <b>BARLOWE, M. A.</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			