## ARREST REPORT

| A                 | Agency   | Name              |                          |           | ORI     |                      | Date/Time Arrested OCA |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|-------------------|--|-------------------|--------------------------|-----------|---------|----------------------|------------------------|---------------------------------|---|--------------------------------------|--|---------------------------------------|---------------------|------------------|--------------------|---------------------------|-----------------|--------------------------|--|--|
| G I<br>E N<br>N F | Lenoir Police Department   |                   |                          |           |         |                      |                        | 014020                          | 0 C0015                                       |                                      | 08/09/2014   |                                       |                     |                  |                    |                           | 1404449         |                          |  |  |
| CO                | Taken Fingerprint Card Check Digit # (CKN)  □ Prints   |                   |                          |           |         |                      |                        | Arrest Tract                    |   |                                      | Residence Tract  |                                       |                     | ll l             | Arrest Number      |                           |                 |                          |  |  |
| Y                 | Photos Name (Last, First, Middle)  |                   |                          |           |         |                      |                        | 12                              | DOD   | 12                                   |  |                                       | Bass Com            |                  |                    | 63268                     |                 |                          |  |  |
| 4 RR ES T E E     | GRAGG, JEANNIE MARIE   |                   |                          |           |         |                      |                        | D.O.B. A(                       |   |                                      | 1  | Race<br>W                             | I FNOIR Citizenship |                  |                    |                           |                 |                          |  |  |
|                   | Current Address  |                   |                          |           |         |                      |                        |                                 | Phone   |                                      |  | Occupation                            |                     |                  |                    | ☐ President ☐ Unknown     |                 |                          |  |  |
|                   | 115 Nw Torrence Cir, LENOIR, NC 28645 Employer's Name  |                   |                          |           |         |                      |                        | Address                         |   |                                      |  | Unemployed                            |                     |                  |                    | Non-Resident Phone        |                 |                          |  |  |
|                   | UNEMPLOYED   |                   |                          |           |         |                      |                        | Address                         | 3   | 1                                    |  |                                       | NONE                |                  |                    | 828                       |                 |                          |  |  |
|                   | Also Known As (Alias Names)  GRAGG, JEANNIE MARIE; SISSY; BENNE  |                   |                          |           |         |                      |                        |                                 | Hgt   | Wgt                                  |  | Hai                                   | 1 ' 1               |                  | 1 -                | II                        |                 | Drug/Alcohol             |  |  |
|                   |  | AGG,<br>Marks, Ta |                          | MARIE;    | Ί,      | JEANN<br>Social Secu |                        | 21                              | <b>4</b> OLN ar                               | BR(                                  |  |                                       |                     | LT TYes C        |                    | □ No □ Unk                |                 |                          |  |  |
|                   |  |                   |                          | OT / COI  | 3 A TOI | LIMADICO             | Coolai Cooa            | iky "                           |   |                                      |  |                                       |                     | wise. " and Type |                    |                           |                 |                          |  |  |
|                   |  | Relative          | RON CHE                  | S1 / SCI  | KATCI   | ,                    | Addres                 | <u> </u>                        |   |                                      |  |                                       |                     |                  | Phone              |                           |                 |                          |  |  |
|                   | KING, EDNA ELOUISE COFFEY  |                   |                          |           |         |                      |                        |                                 | 3064 NATALIE CT, GRANITE FALLS, NC 828-474-55 |                                      |  |                                       |                     |                  |                    |                           |                 | 78                       |  |  |
| A R I N E F O T   |  |                   | of Weapon                |           | rimina  | al Summons           | e of Arres             | Arrest                          |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   | NOT APPLICABLE/NONE Order for Arrest Charge #1   |                   |                          |           |         |                      |                        |                                 | Warrant<br>DCI Code                           | ш.                                   | 115 NW TORRENCE CIR - B, LENOIR Offense Jurisdiction (if not arresting agency) Statute #   Warr. Dat |                                       |                     |                  |                    |                           |                 | Warr. Date               |  |  |
|                   | Hit/run Leave Scene Property Damage  |                   |                          |           |         | ☐ Fel<br>Misd        |                        | Counts                          |   |                                      |  | Jurisdiction (if not arresting agend  |                     |                  |                    |                           |                 |                          |  |  |
|                   | Charge #2  |                   |                          |           |         |                      | 1                      | Counts                          | DCI Code                                      | 4010  DCI Code Offens                |  | nse Jurisdiction (if not arresting ag |                     |                  |                    | 20-166(C)(1) y) Statute # |                 | 08/09/2014<br>Warr. Date |  |  |
|                   | ☐ Fel ☐ Misd   |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     | 3 3 3 1,7        |                    |                           |                 |                          |  |  |
|                   | Charge   | #3                |                          |           |         | ☐ Fel                |                        | Counts                          | DCI Code                                      | Offe                                 | Offense Jurisdiction (if not arr   |                                       |                     | resting agency)  |                    | Statute #                 |                 | Warr. Date               |  |  |
|                   |  |                   |                          |           | ☐ Misd  |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| V E F O           | VYR Make Model   |                   |                          |           | Style   |                      | Color                  | Plate #/State                   |   | VIN                                  |  |                                       |                     | •                | '                  |                           |                 |                          |  |  |
|                   | Vehicle  | 1. [              | ☐ Left at Scene          |           | Secured | I Unse               | cure                   |                                 | Date/Time                                     |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   | 2. ☐ Released to other at owners request ☐ Name of Other Inventory on File? Inventory on File?                                     |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| CONFINE           | Date/Tir   | ne Confi          |                          | ☐ Flace 0 |         | Confined             |                        |                                 |   |                                      |  |                                       | Comi                | mitting N        | lagistrate         |                           | on rile !       |                          |  |  |
|                   | 08/09/2014 10:35:00 CCDC   |                   |                          |           |         |                      |                        |                                 |   |                                      |  | KING SCOTT                            |                     |                  |                    |                           |                 |                          |  |  |
|                   | Type Bond Bond Amount  Written Promise Unsecured \$2,000.  |                   |                          |           |         |                      | 00                     | Trial Date                      |   | Court Of City  District Court LENOIR |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   | Secured No Bond St Other \$2,000.  Assisting Officer Name/ID #   |                   |                          |           |         |                      | .00                    | _L_                             |   |                                      |  |                                       |                     |                  | Date/Time Released |                           |                 |                          |  |  |
| D                 | CRISP, M. S. 2   |                   |                          |           |         |                      |                        | Released By (Name/Department/ID |   |                                      |  | /IU #)                                |                     |                  |                    | Jale/Time Neleaseu        |                 |                          |  |  |
| Status<br>Codes   | ttus<br>desi L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found                |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   | DCI Status Quantity Type Measure   |                   |                          |           |         |                      |                        | Suspected Type                  |   |                                      |  |                                       |                     | С                | neck up to         | 3 types                   | of activity for | each                     |  |  |
|                   | Type modelle   |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       | Possess             | Buy              | Sale               | Mfg.                      | Importing       | Operating                |  |  |
|                   | <del>                                      </del>  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   |  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| R U G S           |  |                   |                          |           |         |                      |                        |                                 |   | _                                    |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| ΣТ                |  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| İ                 |  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| Ī                 |  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| С                 | Name:  | Comr              | l<br>olainant <b>∑</b> t |           | Address |                      |                        |                                 | _   |                                      |  |                                       | l Pr                | one:             |                    |                           |                 |                          |  |  |
| C<br>O<br>M<br>P  | rvaine.  | Comp              | ланан. <u>г</u>          | Victim    |         |                      |                        | Addies                          |   |                                      |  |                                       |                     |                  |                    |                           | ione.           |                          |  |  |
| N                 | Defendant was placed in handcuffs and transported per department policy. She had consumed several malt beverages prior to custody. |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    | everal                    |                 |                          |  |  |
| A<br>R<br>R       | malt   | bev               | erages pr                | rior to   | custo   | ody.                 |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| Ā                 | [08/   | /12/2             | 014 09:56                | , BWOOD   | Y, 57   | 76, LPD]             |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| I<br>V            |  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| E                 | Arresting Officer Signature/ID # Date/Time Submitted Supervisor Signature  |                   |                          |           |         |                      |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| S<br>T            | GREENE, C. L. (CG2010)   |                   |                          |           |         |                      |                        |                                 | )/2014 08:                                    | 20                                   |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| A<br>T            | Case Status: Case Disposition:   |                   |                          |           |         |                      |                        | Arrestee Signature              |   |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
| U<br>S            | ☐ Further Inv. ☐ Cleared By Arrest / No Supplement☐ Inactive ☐ Arrest / No Investigation   |                   |                          |           |         |                      | t Need                 | ded                             | id  |                                      |  |                                       |                     |                  |                    |                           |                 |                          |  |  |
|                   | DCLCO  |                   | -                        | <u> </u>  |         | -                    |                        |                                 |   |                                      |  |                                       |                     |                  |                    |                           |                 | D 0/0                    |  |  |

DCI-608F Rev. 3/92