

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/29/2014 21:59</b>		OCA <b>1404256</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>63086</b>				
A R R E S T E E	Name (Last, First, Middle) <b>DIXON, KIMBERLY LEIGH</b>			D.O.B. <b>10/03/1963</b>		Age <b>50</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth	Country of Citizenship		
	Current Address <b>6514 Autumn Woods Ct, TRINTY, NC 27370</b>			Phone		Occupation <b>Cna</b>		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>PINERIDGE RETIREMENT CENTER</b>			Address <b>706 PINEY WOODS DR</b>			Phone <b>336-475-9116</b>					
	Also Known As (Alias Names)			Hgt <b>5'03</b>	Wgt <b>120</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RIGH SHOULDER / CHINESE SYMBOL;</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>DIXON, BARBARA</b>			Address <b>6514 AUTUMN WOODS CT, TRINITY, NC</b>			Phone <b>336-472-8206</b>					
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</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>324 SE HIBRITEN DR, LENOIR</b>					
A R R E S T	Charge #1 <b>Defrauding An Innkeeper</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1190</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14.110</b>	Warr. Date <b>07/29/2014</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>07/29/2014 23:15:00</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>\$0.00</b>		Trial Date <b>08/26/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>			
	Assisting Officer Name/ID # <b>SNIDER, G. F. 3</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 checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	Dixon was handcuffed behind her back and secured in the transport area of my patrol vehicle after being searched by Det. Beavers. She advised she had consumed one mixed drink prior to leaving High Point enroute to Lenoir. She received a Custody Release and was placed in the jail.  [07/30/2014 10:23, BWOODY, 576, LPD]											
S T A T U S	Arresting Officer Signature/ID # <b>POYTHRESS, Z. G. (ZP2009)</b>			Date/Time Submitted <b>07/30/2014 01:15</b>			Supervisor Signature <b>SNIDER, G. F.</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						