

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 09/14/2014 15:02		OCA 1405181						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract 11		Residence Tract 11		Arrest Number 64030					
A R R E S T E E	Name (Last, First, Middle) CARTER, ROBIN RENEE			D.O.B. 01/21/1963		Age 51	Race W	Sex F	Place of Birth ELKIN, NC		Country of Citizenship US		
	Current Address 235 Ne Commercial Ct, APT 7, LENOIR, NC 28645			Phone 828-640-5052		Occupation Laborer			<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Consumed Drug/Alcohol		
	Employer's Name UNEMPLOYED			Address					Phone 828- -				
	Also Known As (Alias Names)			Hgt 5'04	Wgt 158	Hair RED	Eyes GRN	Skin Tone LT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos SCAR FOREHEAD / 2 INCH SCAR; SCAR			Social Security #		OLN and State			Misc. # and Type				
	Nearest Relative Name CARTER, JEFFERY SCOTT			Address 231-7 NE COMMERCIAL CT, LENOIR, NC					Phone 828-640-5052				
	If Armed, Type of Weapon NOT APPLICABLE/NONE			<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 235 NE COMMERCIAL CT - 7, LENOIR						
A R R E S T	Charge #1 Possess Sch 4 C/s		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)			Statute # 90-95(A)(3) 4		Warr. Date 09/13/2014		
	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 checked="" 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 11/03/2014 00:00		Court Of District Court		City LENOIR				
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #) CORNETT, G.				Date/Time Released 09/14/2014 15:15:00				
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:				
	NARRATIVE												
S T A T U S	Arresting Officer Signature/ID # TAYLOR, C. (CT1995)			Date/Time Submitted 09/14/2014 17:30			Supervisor Signature MILLS, C. T.						
	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						