## **ARREST REPORT**

| NED P                | Agency Name   |  |                                 |             |                        |                                |                        | ORI                                      |   |                  | Date/Time Arrested OCA 08/21/2014 20:45 140   |                                 |                                 |                 |                     |                                     |            |             |  |
|----------------------|---|--|---------------------------------|-------------|------------------------|--------------------------------|------------------------|--|---|------------------|---|---------------------------------|---------------------------------|-----------------|---------------------|-------------------------------------|------------|-------------|--|
| ΕΝ                   | Lenoir Police Department  Taken Fingerprint Card Check Digit # (CKN)                            |  |                                 |             |                        |                                |                        | 0140200<br>Arrest Tract                  |   |                  | 21/20<br>ence Tr  |                                 |                                 |                 |                     | 1404684                             |            |             |  |
| ÇO                   | ☐ Prints ☐ Photos   |  |                                 |             |                        |                                | '                      | 14                                       | 13                                      |                  |   | nice fract                      |                                 |                 | Arrest Number 63517 |                                     |            |             |  |
|                      | Name (Last, First, Middle)  |  |                                 |             |                        |                                |                        | T  | D.O.B.                                  |                  |   |                                 | Race Sex                        |                 |                     | Place of B                          |            | Country of  |  |
| 4 RR ES T E E        | RITCH, GARY DAVID   |  |                                 |             |                        |                                |                        |  | 03/04/1966 48                           |                  |   |                                 | М                               | LEN             | OIR,                |                                     | NC us      | Citizenship |  |
|                      | 712 Sw Jason PI, LENOIR, NC 28645   |  |                                 |             |                        |                                |                        | Phone <b>828-640-7460</b>                |   |                  |   | Occupation <b>Laborer</b>       |                                 |                 |                     | ■ Resident □ Unknown ■ Non-Resident |            |             |  |
|                      | Employer's Name UNEMPLOYED  |  |                                 |             |                        |                                |                        | Address                                  |   |                  |   |                                 |                                 |                 |                     | Phone <b>828</b>                    |            |             |  |
|                      | Also Known As (Alias Names)  GRADY  |  |                                 |             |                        |                                |                        |  | Hgt <b>5'09</b>                         | l                | Wgt Hair<br>160 BRO I   |                                 |                                 | Eyes<br>BRO     | SI                  | kin Tone                            |            |             |  |
|                      | Scars, Marks, Tattoos   |  |                                 |             |                        |                                |                        | Social Security                          | ity #                                   |                  | OLN and State   |                                 |                                 | Mis             |                     | isc. # and Type                     |            |             |  |
|                      | Nagrasi   | . Dalativa                                       | SCAR                            | Address     |                        |                                |                        |  | II Dhana                                |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
|                      |   | Relative   | ANDY                            |             | 1                      | MT HERMAN RD, HUDSON, NC 286.8 |                        |  |   |                  |   |                                 | ne                              |                 |                     |                                     |            |             |  |
| A R R F O T          |   |  |                                 |             |                        |                                |                        | ninai Summons                            |   |                  |   | e of Arrest                     |                                 |                 |                     |                                     |            |             |  |
|                      | Charge #1   |  |                                 |             |                        |                                | Cita                   | ation                                    |   |                  | 321 NW MULBERRY ST, LENOIR Offense Jurisdiction (if not arresting agency)   Statute #   Warr. I |                                 |                                 |                 |                     |                                     | Warr. Date |             |  |
|                      | Involuntary Commitment  |  |                                 |             |                        |                                | 1                      |  | 4040                                    |                  |   | (                               |                                 |                 |                     | 122                                 | C-261      | 08/21/2014  |  |
|                      | Charge #2   |  |                                 |             |                        |                                | (                      | Counts                                   | DCI Code                                | Offense Jurisdic |   |                                 | ction (if not arresting agency) |                 |                     |                                     | Statute #  | Warr. Date  |  |
|                      |   |  |                                 |             |                        | ☐ Fel ☐ Misd                   | (                      | Counts                                   | DCI Code                                | Offe             | Offense Jurisdiction (if not arre-  |                                 |                                 |                 | agency)             | ency) Statute #                     |            |             |  |
| V N<br>E F<br>H O    | VYR Make Model  |  |                                 |             | (                      | Style                          |                        | Color                                    | Plate #/State                           | Plate #/State    |   |                                 | VIN                             |                 |                     |                                     |            |             |  |
|                      | Vehicle   |  | ☐ Left at Scene☐ Released to ot |             | Secured request        |                                | cure<br>e of Oth       | her                                      | Date/Time_                              |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
|                      |   | 3. [   | ☐ Impounded                     | ☐ Place of  | f storage_             |                                |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     | on File?   |             |  |
| BOZD<br>BOZD         | Date/Time Confined Place Confined 08/21/2014 20:46:00 CMH                                       |  |                                 |             |                        |                                |                        | Committing Magistrate TYSINGER WILLIAM S |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
|                      | Type Bond  Written Promise Unsecured  Socured N No Bond Other  \$0.                             |  |                                 |             |                        |                                | 00                     |  |   |                  |   | urt Of City Strict Court LENOIR |                                 |                 |                     |                                     |            |             |  |
|                      | Secured X No Bond Other  Assisting Officer Name/ID #  |  |                                 |             |                        |                                | Released By (Name/Depa |  |   |                  |   |                                 |                                 |                 |                     | Date/Time Released                  |            |             |  |
| Status               | 0   |  |                                 |             |                        |                                |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| Codes D A R R        |   |  | <u> </u>                        |             | Suspected Type         |                                |                        |  |   |                  | Ch  | eck up to                       | 3 types                         | of activity for | each                |                                     |            |             |  |
|                      | DCI Status Quantity Type Measure  |  |                                 |             | leasure                |                                | Type                   |  |   |                  | Possess   | Buy                             | Sale                            | Mfg.            | Importing           | Operating                           |            |             |  |
|                      |   | <del>                                     </del> |                                 |             |                        |                                |                        |  |   | +                |   |                                 |                                 |                 |                     |                                     |            |             |  |
|                      |   |  |                                 |             |                        |                                |                        |  |   |                  |   | +                               |                                 |                 |                     |                                     |            |             |  |
| R AR<br>U T E<br>G S |   |  |                                 |             |                        |                                |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| SŤ                   | <del>                                      </del>   |  |                                 |             |                        |                                |                        |  |   |                  |   | +                               |                                 |                 |                     |                                     |            |             |  |
| ŀ                    |   |  |                                 |             |                        |                                |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| Ī                    |   |  |                                 |             |                        |                                |                        |  |   |                  |   | $\perp$                         |                                 |                 |                     |                                     |            |             |  |
| C<br>O<br>M          | Name:   | Comp   | ∐<br>olainant <b>∑</b>          | Address     |                        |                                |                        | _  |   |                  |   | Pi                              | none:                           | <u> </u>        |                     |                                     |            |             |  |
| P<br>N               | The subject was already being treated in the ICU unit at Caldwell Memorial Hospital and was not |  |                                 |             |                        |                                |                        |  |   |                  |   |                                 |                                 |                 |                     | not                                 |            |             |  |
| A<br>R               |   |  | ed or tra                       | _           | _                      | created                        | 111                    | the it                                   | o unite a                               | L Ca             | LIUW  | 3 <b>11</b> .                   | Memor                           | ıaı             | повр.               | LCAI                                | and was    | , iioc      |  |
| R                    | r 0.0   | /22/2  | 0014 12.14                      | BMOOT       | N                      | 6 IDD1                         |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| ^ !                  | LUO/  | ~  | 2014 12:14                      | ., DWOOL    | ,1, 5/                 | נתאת, ה                        |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| A<br>T<br>I          | _   |  |                                 |             |                        |                                |                        |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| I<br>V<br>E          |   |  |                                 |             |                        |                                | ,                      |  |   |                  |   |                                 |                                 |                 |                     |                                     |            |             |  |
| I<br>V               | Arrestin  | -  | Signature/ID#                   | T G /T      | S2012                  | `                              | Date                   | e/Time Submitt                           |   | 20               |   |                                 | sor Signa                       |                 |                     |                                     |            |             |  |
| S<br>T<br>A          | Arrestin  |  | Signature/ID#                   | T. G. (T    |                        | )                              | Date                   |  | ed<br><b>2014 01:</b><br>   Arrestee Si |                  |   |                                 | sor Signa                       |                 |                     |                                     |            |             |  |
| S<br>T               | Case S  | tatus:   | SANDERS,                        | Case Dispos | sition:<br>d By Arrest | / No Supplemen                 |                        | 08/22/                                   | 2014 01:                                |                  |   |                                 | •                               |                 |                     |                                     |            |             |  |

DCI-608F Rev. 3/92