

## ARREST REPORT

AGENCY INFO	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/03/2014 21:54</b>		OCA					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number <b>63169</b>					
ARRESTEE INFO	Name (Last, First, Middle) <b>DORION, JAMES DOMINIC</b>			D.O.B. <b>04/08/1966</b>	Age <b>48</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth	Country of Citizenship <b>US</b>			
	Current Address <b>1305 Auton Rd, LENOIR, NC 28645</b>			Phone <b>828-758-5201</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone				
	Also Known As (Alias Names) <b>DORION, NICK</b>			Hgt <b>5'11</b>	Wgt <b>0</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address				Phone				
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest							
	Charge #1 <b>Driving While Subject To Impairing Substance</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2100</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-138.1</b>	Warr. Date			
	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			
VEHICLE INFO	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? _____											
CONFINED	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	Court Of _____ City						
	Assisting Officer Name/ID # <b>0</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											
DRUGS ARREST	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	NARRATIVE											
STATUS	Arresting Officer Signature/ID # <b>GREENE, C. L. (CG2010)</b>			Date/Time Submitted <b>//</b>		Supervisor Signature						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							