

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/14/2014 16:55</b>		OCA <b>1403945</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>12</b>		Residence Tract <b>14</b>		Arrest Number <b>62769</b>					
A R R E S T E E	Name (Last, First, Middle) <b>CALLOWAY, JESSICA MARIE</b>			D.O.B. <b>10/02/1989</b>		Age <b>24</b>		Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>LENOIR, NC, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>206 Nw Newland Pl, 1, LENOIR, NC 28645</b>			Phone <b>828-406-7224</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name <b>CITY CAFE</b>			Address <b>616 HARPER AVE LENOIR</b>			Phone <b>828-754-8228</b>						
	Also Known As (Alias Names) <b>MIMI</b>			Hgt <b>5'05</b>	Wgt <b>130</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT RIGH NECK / MIMI; TATT RIGH CALF</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>CALLOWAY, JANICE</b>			Address <b>206 NW NEWLAND PL, LENOIR, NC 28645</b>			Phone <b>828-572-0996</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>1035 NW WEST AV, LENOIR</b>						
A R R E S T	Charge #1 <b>Larceny (misdemeanor)</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72 (A)</b>	Warr. Date <b>07/09/2014</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		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 <b>\$0.00</b>		Trial Date <b>08/05/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>				
	Assisting Officer Name/ID # <b>0</b>				Released By (Name/Department/ID #) <b>KING, S.</b>				Date/Time Released <b>07/14/2014 17:18:00</b>				
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:				
	The defendant was handcuffed behind her back and secured with a seat belt for transport.  [07/15/2014 12:50, BWOODY, 576, LPD]												
S T A T U S	Arresting Officer Signature/ID # <b>GREENE, D. P. (DG2009)</b>				Date/Time Submitted <b>07/14/2014 17:31</b>			Supervisor Signature <b>MILLS, C. T.</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							