

ARREST REPORT

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|--------------|---|--------------------------------------|---|--|--|--|---|----------------------------|
| AGENCY | Agency Name Lenoir Police Department | | ORI 0140200 C0015 | | Date/Time Arrested 09/20/2014 21:04 | | OCA 1405324 | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) | Arrest Tract 14 | | Residence Tract 99 | | Arrest Number 64117 | |
| ARRESTEE | Name (Last, First, Middle) RENTZ, MAE MICHELLE | | | | D.O.B. 05/24/1977 | Age 37 | Race W | Sex F |
| | Current Address 4331 Hartland Rd, LENOIR, NC 28645 | | | | Phone 828-759-1345 | | Occupation Laborer | |
| | Employer's Name UNEMPLOYED | | | | Address | | | |
| | Also Known As (Alias Names) HOBBS, MICHELLE MAE | | | | Hgt 5'03 | Wgt 197 | Hair BRO | Eyes BLU |
| | Scars, Marks, Tattoos TATT LEFT THIGH / BUTTERFLY; TATT | | | | Social Security # | | OLN and State | |
| | Nearest Relative Name ANDERSON, DIANE | | | | Address | | | |
| | | | | | Phone 828-750-4552 | | | |
| ARREST | If Armed, Type of Weapon NOT APPLICABLE/NONE | | <input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | | Place of Arrest 212 NW HOLLOWAY PL, LENOIR | | | |
| | Charge #1 Injury To Personal Property | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 1400 | Offense Jurisdiction (if not arresting agency) CATAWBA | | Statute # 14-160 |
| | Charge #2 | | <input type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts | DCI Code | Offense Jurisdiction (if not arresting agency) | | Statute # |
| | Charge #3 | | <input type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts | DCI Code | Offense Jurisdiction (if not arresting agency) | | Statute # |
| VEHICLE | 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 checked="" type="checkbox"/> Other | | Bond Amount \$0.00 | | Trial Date 10/14/2014 00:00 | | Court Of District Court City HICKORY | |
| | Assisting Officer Name/ID # SMITH, M. B. 1 | | Released By (Name/Department/ID #) TYSINGER, W. S. | | | | Date/Time Released 09/20/2014 21:45:00 | |
| Status Codes | L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found | | | | | | | |
| DRUGS | 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 checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address | | | Phone: |
| | Defendant was served with a criminal summons while in custody at the MAgistrate`s Office. [09/22/2014 13:52, BWOODY, 576, LPD] | | | | | | | |
| STATUS | Arresting Officer Signature/ID # GREENE, C. L. (CG2010) | | | Date/Time Submitted 09/21/2014 06:30 | | | Supervisor Signature INGRAM, B. H. | |
| | 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 | | |