

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/20/2014 23:20</b>		OCA <b>1404656</b>	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>14</b>		Residence Tract <b>99</b>		Arrest Number <b>63483</b>	
A R R E S T E E	Name (Last, First, Middle) <b>HARPER, ROGER JOEL</b>			D.O.B. <b>06/12/1992</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth
	Current Address <b>3789 Piney Rd, MORGANTON, NC 28655</b>			Phone <b>828-391-3906</b>		Occupation <b>Laborer</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone <b>828- -</b>	
	Also Known As (Alias Names)			Hgt <b>5'11</b>	Wgt <b>210</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b> Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>TATT INRT ARM / "LOVE RESPECT LIFE";</b>			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name <b>HARPER, FAITH</b>			Address <b>, ST LOUIS, MI</b>			Phone <b>314-910-2707</b>	
A R R E S T	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>415 NW STONEWALL ST - C13, LENOIR</b>			
	Charge #1 <b>Assault On A Female</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(2)</b>	Warr. Date <b>07/01/2014</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 <b>08/21/2014 00:15:00</b>		Place Confined <b>CCDC</b>		Committing Magistrate <b>TYSINGER WILLIAM S</b>			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>09/16/2014 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 #)			Date/Time Released	
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 # <b>INGRAM, B. H. (BI2006)</b>			Date/Time Submitted <b>08/21/2014 01:05</b>		Supervisor Signature <b>GREENE, D. P.</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			