

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>09/21/2014 14:33</b>		OCA <b>1405334</b>						
	<input checked="" type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>HP6573A</b>		Arrest Tract <b>11</b>		Residence Tract <b>99</b>		Arrest Number <b>64104</b>					
A R R E S T E E	Name (Last, First, Middle) <b>HAMBY, JOSHUA GARRIS</b>			D.O.B. <b>02/21/1985</b>	Age <b>29</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>LENOIR, NC</b>		Country of Citizenship <b>US</b>			
	Current Address <b>5321 Gristmill Ln, GRANITE FALLS, NC 28630</b>			Phone <b>828-572-4236</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone <b>828- -</b>					
	Also Known As (Alias Names) <b>HAMBY, JOSH</b>			Hgt <b>5'09</b>	Wgt <b>215</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 LEFT WRIST / FLAMES; TATT</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>HAMBY, SANDRA WOLFE</b>			Address <b>5321 GRISTMILL LN, GRANITE FALLS, NC</b>				Phone <b>828-572-4236</b>					
A R R E S T	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 <b>206 BLOWING ROCK BLVD, LENOIR</b>							
	Charge #1 <b>Possess Methamphetamine</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95 (A) (3)</b>	Warr. Date <b>09/21/2014</b>				
	Charge #2 <b>Possess Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22</b>	Warr. Date <b>09/21/2014</b>				
	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>09/21/2014 19:20:00</b>		Place Confined <b>CCDC</b>			Committing Magistrate <b>KING SCOTT</b>							
	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 <b>\$10,000.00</b>		Trial Date <b>09/22/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>				
	Assisting Officer Name/ID # <b>HAMRICK, J. E. 2</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:					
	The defendant had consumed methamphetamine prior to his arrest. The defendant was handcuffed and secured in the rear of my patrol car during transport.  [09/22/2014 14:26, BWOODY, 576, LPD]												
S T A T U S	Arresting Officer Signature/ID # <b>BROWN, D. (DB2012)</b>			Date/Time Submitted <b>09/21/2014 19:22</b>			Supervisor Signature <b>MOORE, J. E.</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							