

A G E N C Y	Agency Name <b>Lenoir Police Department</b>				ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/09/2014 13:31</b>		OCA <b>1404451</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN) <b>HP6481F</b>			Arrest Tract <b>14</b>		Residence Tract <b>14</b>		Arrest Number <b>63272</b>				
A R R E S T E E	Name (Last, First, Middle) <b>GILL, MICHELLE GIEAVA</b>				D.O.B. <b>01/21/1984</b>		Age <b>30</b>	Race <b>B</b>	Sex <b>F</b>	Place of Birth <b>DECATUR, GA</b>		Country of Citizenship <b>US</b>		
	Current Address <b>446 Folk St Nw, APT B, LENOIR, NC 28645</b>				Phone <b>828-640-0827</b>			Occupation <b>Laborer</b>		<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>"RED"</b>				Hgt <b>5'03</b>	Wgt <b>280</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DRK</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>SCAR LEFT ARM; TATT LEFT SHOULDER /</b>				Social Security #			OLN and State		Misc. # and Type				
	Nearest Relative Name <b>MORROW, EDWINA FOSTER</b>				Address <b>2699 TABLEROCK RD, LENOIR, NC 28645</b>						Phone <b>828-758-0226</b>			
A R R E S T I N F O	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>509 NW RIDGE ST, LENOIR</b>					
	Charge #1 <b>Possess W/intent Manuf Sell Deliver Sch 2 C/s</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)(1)</b>	Warr. Date <b>08/09/2014</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>08/09/2014</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 D E D	Date/Time Confined <b>08/09/2014 14:55:00</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>\$30,000.00</b>		Trial Date <b>08/11/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>			
Status Codes	Assisting Officer Name/ID # <b>SMITH, M. B. 3</b>				Released By (Name/Department/ID #)				Date/Time Released					
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:			
	Defendant was placed in handcuffs and transported per department policy.  [08/11/2014 14:48, BWOODY, 576, LPD]													
S T A T U S	Arresting Officer Signature/ID # <b>GREENE, C. L. (CG2010)</b>				Date/Time Submitted <b>08/10/2014 09:55</b>				Supervisor Signature <b>SMITH, M. B.</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							