

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 08/17/2014 01:00		OCA	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63397	

A R R E S T E E	Name (Last, First, Middle) ERVIN, DEBORAH ANDERSON				D.O.B. 03/22/1964		Age 50	Race W	Sex F	Place of Birth CHARLESTON, WV		Country of Citizenship US		
	Current Address 4295 Ken Dar Ln, UINT 6, HUDSON, NC 28638				Phone 828-781-4857		Occupation None		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name UNEMPLOYED				Address NONE						Phone 828- -			
	Also Known As (Alias Names) ERVIN, DEBORAH LYNN; DEBBY				Hgt 5'06	Wgt 110	Hair BRO	Eyes GRN	Skin Tone LT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos TATT RIGH LEG / ROSE; TATT LEFT ARM /				Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name PHILLIPS,THELMA				Address 113 VIRGINIA ST, OAK HILL, WV						Phone 304-465-4254			

A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest				
	Charge #1 Possess Methamphetamine		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95 (A) (3)	Warr. Date
	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 type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date	
	Assisting Officer Name/ID # 0		Released By (Name/Department/ID #)		Date/Time Released	

S T A T U S	Status Codes L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																																																																																																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DCI</th> <th>Status</th> <th>Quantity</th> <th>Type Measure</th> <th>Suspected Type</th> <th colspan="6">Check up to 3 types of activity for each</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Possess</th> <th>Buy</th> <th>Sale</th> <th>Mfg.</th> <th>Importing</th> <th>Operating</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each											Possess	Buy	Sale	Mfg.	Importing	Operating																																																																													
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C O M P L A I N T	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:	
	NARRATIVE									

S T A T U S	Arresting Officer Signature/ID # GREENE, D. P. (DG2009)				Date/Time Submitted //		Supervisor Signature	
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature			