

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>09/04/2014 17:25</b>		OCA <b>1404974</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>12</b>		Residence Tract <b>12</b>		Arrest Number <b>63780</b>				
A R R E S T E E	Name (Last, First, Middle) <b>WILSON, CASEY MORGAN</b>			D.O.B. <b>09/09/1988</b>		Age <b>25</b>		Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>LENOIR, NC, NC</b>	Country of Citizenship <b>US</b>	
	Current Address <b>2151 Nw Frontier Way, LENOIR, NC 28645</b>			Phone <b>828-303-8247</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)			Hgt <b>5'08</b>	Wgt <b>200</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT LEFT HAND / STAR; TATT LEFT</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>WILSON, AMY LOUISE</b>			Address <b>1251 FRONTIER WAY, LENOIR, NC 28645</b>			Phone <b>828-303-8247</b>					
	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>2120 SW MORGANTON BLVD, LENOIR</b>					
A R R E S T	Charge #1 <b>Driving While Subject To Impairing Substance</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2100</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-138.1</b>	Warr. Date <b>09/04/2014</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 <b>0</b>	Make	Model	Style	Color <b>WHI</b>	Plate #/State <b>NC 0</b>	VIN					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time <b>09/04/2014 00:00</b> 2. <input checked="" type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other <b>.NULL.</b> 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>09/04/2014 20:19:00</b>		Place Confined <b>CCDC</b>			Committing Magistrate <b>TYINGER WILLIAM S</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>\$0.00</b>		Trial Date <b>10/07/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>			
	Assisting Officer Name/ID # <b>THOMAS, B. C. 1</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:				
	<b>While waiting to be process by the magistrate, Casey fell asleep and fell forward while in a seated position. She landed on her forehead and left wrist. EMS was contacted and responded to the magistrate's office because Casey was complained about her wrist. She was checked out and refused treatment by EMS. Casey received a custody release for the above charge. A blood kit was obtained with a sample Casey's blood. Citation number C3099434-5</b>											
S T A T U S	Arresting Officer Signature/ID # <b>LEE, T. (TL2008)</b>			Date/Time Submitted <b>09/04/2014 21:30</b>			Supervisor Signature <b>TAYLOR, C.</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						

\*\* Continued \*\*

**ARREST REPORT (Additional Narrative)**

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Arrestee Name <b>WILSON, CASEY MORGAN</b>			Arrest Number <b>63780</b>

[09/05/2014 14:23, BWOODY, 576, LPD]