## ARREST REPORT

| Α.                | Agency Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |               |            |          |                             |         |                      |                             | Da            | Date/Time Arrested OCA         |                                      |                                 |           |           |                                               |                                 |            |  |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|------------|----------|-----------------------------|---------|----------------------|-----------------------------|---------------|--------------------------------|--------------------------------------|---------------------------------|-----------|-----------|-----------------------------------------------|---------------------------------|------------|--|--|
| G I<br>E N<br>N F | Lenoir Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |               |            |          |                             |         | 014020               | 0 C0015                     | 0             | 07/25/2014 22                  |                                      |                                 |           |           |                                               |                                 |            |  |  |
| N F<br>C O<br>Y   | Taken   Fingerprint Card Check Digit # (CKN)   Prints   Photos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |               |            |          |                             |         |                      | t                           | R             | esidence                       | Tract                                |                                 | ll l      | rrest Num |                                               |                                 |            |  |  |
|                   | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |               |            |          |                             |         |                      | D.O.B.                      |               |                                | Age Race Sex                         |                                 |           |           | Place of Birth Country of Citizenship         |                                 |            |  |  |
| A R R E S T E E   | WIGGINS, DEWEY JUSTIN  Current Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |               |            |          |                             |         |                      | 05/31/197                   | В             | M<br>Occupation                |                                      | DESE                            | ,<br>,    | NC US     |                                               |                                 |            |  |  |
|                   | 1548 Norwood St, LENOIR, NC 28645 Employer's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |               |            |          |                             |         | Addros               | 828-244-9951                |               |                                |                                      | Laborer                         |           |           |                                               | esident<br>on-Resident<br>Phone | Unknown    |  |  |
|                   | ICENHOUR REALTY  Also Known As (Alias Names)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |               |            |          |                             |         | Address              | 1548 N                      | 1548 NORWOO   |                                |                                      | DD ST, LENOIR, NC               |           |           | 828-244-9154 kin Tone   Consumed Drug/Alcohol |                                 |            |  |  |
|                   | Table 1818 117 to (rilliad Halifled)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |               |            |          |                             |         |                      | 6'03                        |               | 210                            | -                                    |                                 | 1 ' 1     |           | II                                            |                                 | □ No □ Unk |  |  |
|                   | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |               |            |          |                             |         | Social Secu          | urity #                     | OL            |                                | N and State                          |                                 |           |           | Misc. # and Type                              |                                 |            |  |  |
|                   | Nearest Relative Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |               |            |          |                             |         |                      | SS                          |               |                                |                                      |                                 |           |           | Pho                                           |                                 | 10         |  |  |
|                   | HARPER, LAVERN  If Armed, Type of Weapon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |               |            |          |                             |         |                      |                             | 11.           | 828-759-1013   Place of Arrest |                                      |                                 |           |           |                                               |                                 |            |  |  |
| A R R F O T       | NOT APPLICABLE/NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |               |            |          |                             | Cit     | al Summons<br>tation | Warrant                     |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   | Charge #1 Hit And Run Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |               |            |          |                             | 1       | Counts               | DCI Code<br>4010            |               | Offense                        | Jurisdict                            | ion (if not arresting agency)   |           |           | Statute # <b>20-166.1(C)</b>                  |                                 | Warr. Date |  |  |
|                   | Charge #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |            |          | ☐ Fel ☐ Misd                |         | Counts               | DCI Code                    |               | Offense                        | Jurisdict                            | ction (if not arresting agency) |           |           | Statute #                                     |                                 | Warr. Date |  |  |
|                   | Charge #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |            |          | ☐ Fel ☐ Misd                |         | Counts               | DCI Code                    |               | Offense                        | Jurisdict                            | ion (if not a                   | arresting | agency)   | Statute #                                     |                                 | Warr. Date |  |  |
| V N<br>E F<br>H O | VYR Make Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |               | ;          | Style    |                             | Color   | Plate #/State        |                             |               |                                | VIN                                  |                                 |           |           |                                               |                                 |            |  |  |
|                   | Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Left at Scene |            | Secured  |                             |         | ih a s               | Date/Time                   |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   | Released to other at owners request  Name of Other Inventory on File? |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| CONFINE           | Date/Time Confined Place Confined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |               |            |          |                             |         |                      | Committing Magistrate       |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   | Type Bond Bond Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |               |            |          |                             |         | Trial Date           |                             | Court Of City |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   | ☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other  Assisting Officer Name/ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |               |            |          | \$0.00                      |         |                      | d By (Name/Department/ID #) |               |                                | Date/Time Released                   |                                 |           |           |                                               |                                 |            |  |  |
| Ď                 | Assisun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name/ID# |               | 0          | Release  | з by (Name/Department/ID #) |         |                      | Date/Time Released          |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| Status<br>Codes   | tatus odes L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| D A               | DCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Quantity | Type M        |            | Suspecte | ed Type                     | 4       |                      |                             |               | - ·                            | k up to 3 types of activity for each |                                 |           |           |                                               |                                 |            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               | +                              | Possess                              | Buy                             | Sale      | Mfg.      | Importing                                     | Operating                       |            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| D R AR U G S      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               | _          |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| G S               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      | 1                           |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| 1                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             | +             |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| u<br>Moon<br>,    | Name: Complainant☐ Victim ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |               |            |          |                             |         |                      | Address                     |               |                                |                                      |                                 |           |           |                                               | Phone:                          |            |  |  |
| N                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| A R R A T I V E   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| S<br>T            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |            |          |                             |         | e/Time Subr          | nitted                      |               |                                | Super                                | visor Signa                     | ature     |           |                                               |                                 |            |  |  |
| T<br>A            | CRISP, M. S. (MC2010)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |               |            |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           |                                               |                                 |            |  |  |
| A<br>T<br>U       | Case Status: Case Disposition:  ☐ Further Inv. ☐ Cleared By Arrest / No Suppleme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |               |            |          |                             | nt Need | ded                  | Arrestee                    | Signa         | ature                          |                                      |                                 |           |           |                                               |                                 |            |  |  |
| S                 | ☐ Ina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Closed        | ☐ Arrest / |          |                             |         |                      |                             |               |                                |                                      |                                 |           |           | Day 2/0                                       |                                 |            |  |  |

DCI-608F Rev. 3/92