ARREST REPORT

Α.	Agency Name							ORI Date/Time				Arrested OCA									
G I E N N F	Lenoir Police Department							0140200	C0015	07/2	07/22/2014 19						404113				
N F C O	Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract		ence Tr	e Tract			Arrest Number							
Ŷ	☐ Photos							13	13						62913						
4 RR ES T EE	Name (Last, First, Middle)								D.O.B.	A	Age Race Sex				F	Place of B		Country of Citizenship			
	COX, STARLA SUZETTE								09/08/196	5 4	8	W	F				US				
	Current Address								Phone			ccupation			I I Re	sident [Unknown				
	606 Sw Swanson Dr, LENOIR, NC 28645									Laborer				☐ Non-Resident							
	Employer's Name								Address					•				Phone			
	ADVANCED HOME HEALTH CARE Also Known As (Alias Names)								Hgt	W	qt	Hai	ir	Eyes	SI	in Tone	Consumed	Drug/Alcohol			
									5'03	1	-		RO BRO			MED	□ No □ Unk				
	Scars, Marks, Tattoos							Social Secur	ity#		OLN and State		te	, M		lisc. # and Type					
		Relative			Address								Phone								
			S, BESSIE		606 SWANSON DR, LENOIR, NC 28645 828-728-6								3-728-609	92							
A R R R F O T			of Weapon	NONE	☐¥ On-\			al Summons		II	e of Arr		V A NIO.	 5		-					
	NOT APPLICABLE/NONE Order for Arrest Charge #1							Counts	Warrant DCI Code		606 SW SWANSON DR, LENOIR Offense Jurisdiction (if not arresting agency) Statute # Warr							Warr. Date			
	Assault And Battery								0810		01.00 00	Januaran (ii not arreating agen									
	Charge #2						1	Counts			Offense Jurisdiction (if not arresting ag				agency)		B(A) AB	07/22/2014 Warr. Date			
	Fel Misd									chones cancalone (in not alreeding agen				0 ,,							
	Charge #3							Counts	DCI Code Of		Offense Jurisdiction (if not arre				agency)	Statute #		Warr. Date			
	☐ Fe											, , ,									
	VYR Make Model					Style		Color	olor Plate #/State			VIN									
V N E F H O																					
	Vehicle		Left at Scene		Secured				Date/Time_												
			☐ Released to ot ☐ Impounded	her at owners Place of		☐ Name	e of Ot	ther								Inventory	on File?				
CONFINE	Date/Ti	ne Confi			Place C	onfined							Comi	nitting M	lagistrate						
	07/22/2014 20:00:00 CCDC											MATHESON RICK									
	Type Bond Bond Amount ☐ Written Promise ☐ Unsecured ### F00.0						00					uurt Of City istrict Court LENOIR									
	Secured No Bond St Other \$1,500.0						.00														
E D	Assisting Officer Name/ID # HAMBY, R. L. 1							Released By (Name/Department/ID #)								Date/Time Released					
Status Codes	L - Los			ecovered	D - Dama	ged Z - Seiz	zed	B - Burned	C - Counte	rfeit / Fo	rged	F-F	ound								
		_	Π	Τ							CI	neck up to	3 types	of activity for e	each						
	DCI Status Quantity Type Measure						Suspected Type						Possess	Buy	Sale	Mfg.	Importing	Operating			
		 									_										
UAR																					
R AR F U G S																					
1																					
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ပ၀	Name:	Comp	olainant 🔀	Victim				Addres	s							Pł	ione:	<u>I</u>			
М																					
P N	Defendant was placed in handcuffs and transported per department policy. She had consumed several															everal					
A R			erages pr					_	_	ераг	CINC	nc p	OIICY	. 511	e nac	2 COII	bunea b	everar			
Ř																					
ΙΔ Ι		23/2	2014 09:46	, BWOOD	oY, 57	6, LPD]															
A T I	[07/																				
A T I V	[07/							Pate/Time Submitted				Supervisor Signature									
A T V E		g Officer	Signature/ID #				Date	e/Time Submi	tted		П	Superv	isor Signa	ure							
A T V E S T		-	Signature/ID#	C. L. (C0	32010)		Date		tted /2014 06:	20		Superv	isor Signa	ure							
ATIVE STAT	Arrestin	tatus:	GREENE, (Case Dispos	sition:			07/23				Superv	isor Signa	ure							
A T I V E S T A	Arrestin	tatus:	GREENE, (Case Dispos	sition: I By Arrest	/ No Supplemen		07/23	/2014 06:			Superv	isor Signa	ture							

DCI-608F Rev. 3/92