

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>09/21/2014 00:58</b>		OCA <b>1405328</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>11</b>		Residence Tract <b>99</b>		Arrest Number <b>64113</b>					
A R R E S T E E	Name (Last, First, Middle) <b>PRESTWOOD, LESLEA COFFEY</b>			D.O.B. <b>01/29/1967</b>		Age <b>47</b>		Race <b>W</b>	Sex <b>F</b>	Place of Birth	Country of Citizenship <b>US</b>		
	Current Address <b>815 Creekside PI, LENOIR, NC 28645</b>			Phone <b>828-446-4536</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Consumed Drug/Alcohol			
	Employer's Name <b>UNEMPLOYED</b>			Address					Phone <b>828- -</b>				
	Also Known As (Alias Names)			Hgt <b>5'01</b>	Wgt <b>120</b>	Hair <b>BLN</b>	Eyes <b>BLU</b>	Skin Tone <b>FAI</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>GARY PRESTWOOD</b>			Address <b>815 CREEKSIDE PL, LENOIR, NC 28645</b>					Phone <b>828-292-3811</b>				
A R R E S T	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>215 BLOWING ROCK BLVD, LENOIR</b>							
	Charge #1 <b>Hold Until Sober</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4040</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>122C-301</b>	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 <b>09/21/2014 01:15:00</b>		Place Confined <b>CCDC</b>				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 <b>\$0.00</b>		Trial Date		Court Of _____ City						
	Assisting Officer Name/ID # <b>CRISP, M. S. 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:				
	The subject was handcuffed behind the back and secured in the rear of my patrol unit. The subject consumed an unknown amount of prescription medication. The subject was highly intoxicated, could not care for herself and had no other place to go.  [09/22/2014 12:02, BWOODY, 576, LPD]												
S T A T U S	Arresting Officer Signature/ID # <b>STEWART, J. M. (JS2013)</b>			Date/Time Submitted <b>09/21/2014 05:30</b>			Supervisor Signature <b>INGRAM, B. H.</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							