

ARREST REPORT

AGENCY INFO	Agency Name Lenoir Police Department			ORI 0140200 C0015		Date/Time Arrested 09/04/2014 11:05		OCA				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 63771			
ARRESTEE INFO	Name (Last, First, Middle) HALE, JOHNNY RAY				D.O.B. 09/15/1963		Age 50	Race W	Sex M			
	Current Address 18th St Nw, HICKORY, NC 28601				Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input checked="" type="checkbox"/> Unknown			
	Employer's Name				Address				Phone			
	Also Known As (Alias Names)				Hgt 5'09	Wgt 145	Hair	Eyes	Skin Tone <input 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				Address				Phone			
ARREST	If Armed, Type of Weapon NOT APPLICABLE/NONE			<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					
	Charge #1 Local Ordinance Violation			<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2680	Offense Jurisdiction (if not arresting agency)		Statute # 14-4 LPD	Warr. Date		
	Charge #2 Local Ordinance Violation			<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2680	Offense Jurisdiction (if not arresting agency)		Statute # 14-4 LPD	Warr. Date		
	Charge #3			<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date		
VEHICLE INFO	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? _____											
CONFINED	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		Court Of _____ City				
	Assisting Officer Name/ID # 0				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											
DRUGS ARREST	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	NARRATIVE											
STATUS	Arresting Officer Signature/ID # POYTHRESS, Z. G. (ZP2009)				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						