## ARREST REPORT

A G N F	Agency	Name		(	ORI	Date/Time Arrested OCA														
ΕN	Lenoir Police Department							014020	0 C0015	08/	08/02/2014 17:30			)						
N F C O Y	Take	ts	gerprint Card Che	,	Arrest Tract		Resid	ence -	Fract		Arrest Number 63158									
	Name (I	ast, Firs	t, Middle)			D.O.B.	Age Ra						Place of E		Country of Citizenship					
A R R E S T E E	LANEY, BENNY DALE JR  Current Address								08/21/1990 23 Phone				M Occupation		NOIR,		<i>NC</i> US			
	2615 Piper PI, HUDSON, NC 28638								828-754-6	None				III .						
	Employer's Name								Address									Phone		
			OYED						Hair Eyes S			828 Skin Tone   Consumed Drug/Alcohol								
	Also Known As (Alias Names)  Scars, Marks, Tattoos								5'10		150 BRO			Eyes <b>BL</b>	J	Skin Tone LT	LT Yes No Unk			
-						Social Secu	rity #		OLN and State			, Mi			isc. # and Type					
			RIGH ARN	I / "DALE																
		Relative	Name SILVIA			1	Address									05				
			f Weapon		☐ On-	View $\square$ C	riminal	Summons	TVIIITOC		e of A		0001	1, 110	2000	0    02	0 720 10			
A I N E O T	NOT	APP	LICABLE	NONE		Cita		Warrant												
	Charge #1 Trespass Second Degree							Counts	DCI Code Offens		ense .	se Jurisdiction (if not arresting agency					Statute #	Warr. Date		
	Misd								2670							14-159.13				
	Charge #2						C	Counts	DCI Code	Offense Juriso			isdiction (if not arresting agency)				Statute #	Warr. Date		
	Charge #3						C	Counts	DCI Code	e Offense Jurise			risdiction (if not arresting agency)				Statute #	Warr. Date		
	VYR	Ма	ake	Model		Style		Color	Plate #/State				VIN							
V N E F H O						- 7 -														
	Vehicle	1. [	Left at Scene		Secured	I Unsec	cure		Date/Time_											
			Released to o		•	☐ Name	e of Oth	ner									File 0			
COZFIZE	Date/Tir	ع. ر ne Confi	Impounded ned	☐ Place of	_	Confined							Cor	nmitting	Magistra		y on File?			
	Type Bond Bond Amount  ☐ Written Promise ☐ Unsecured												urt Of City							
	☐ Secured ☐ No Bond ☐ Other  Assisting Officer Name/ID #					<b>\$0.</b>	\$0.00													
E D	Assistin	Name/ID #		0		Released	d By (Name/Department/ID #)			Date/Time Released										
Status Codes	US   Last C Children D Decouped D Demond 7 Coined D Demond C Company ( Found																			
Codes	DOL	01-1	O titu	T		0	Check up to 3 types of activity for each													
D A	DCI Status Quantity Type Measure						Suspected Type						Possess	Bu	y Sal	Mfg.	Importing	Operating		
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								+	-	+										
ÛAR								+		+										
D A R AR U T S T																				
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COM	Name:	Comp	lainant□	Victim 🔲				Address									Phone:			
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A R R A																				
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1																				
V E																				
S T	Arrestin	-	Signature/ID#	D D (D)	Date	/Time Subm		Supervisor Signature												
Á T	GREENE, D. P. (DG2009)  Case Status: Case Disposition:									ignature	.									
U	☐ Further Inv. ☐ Cleared By Arrest / No Supplement N							Arrestee Signature												
S	☐ Inac		Closed	☐ Arrest /	No Investi	igation												Dev. 2/0		

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