

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department				ORI 0140200 C0015		Date/Time Arrested 07/09/2014 19:13		OCA	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number 62628	

A R R E S T E E	Name (Last, First, Middle) GARVIN, DEMARIO DONTRELL				D.O.B. 08/04/1987		Age 26	Race B	Sex M	Place of Birth GASTONIA, NC		Country of Citizenship US
	Current Address 2453 Grandfather Ct, LENOIR, NC 28645				Phone 828-228-3559		Occupation Unemployed		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Consumed Drug/Alcohol	
	Employer's Name UNEMPLOYED				Address				Phone 828- -			
	Also Known As (Alias Names)				Hgt 6'03	Wgt 200	Hair BLK	Eyes BRO	Skin Tone DRK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos TATT BACK / HOT BOY; TATT UPPR				Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name CORPENING, KEEIONA				Address 415 STONEWALL #13, LENOIR, NC 28645				Phone 828-474-8615			

A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest				
	Charge #1 Fail To Appear		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (if not arresting agency)		Statute # 15A-305	Warr. Date 06/04/2014		
	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		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	

S T A T U S	Status Codes L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found																																																																																																																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DCI</th> <th>Status</th> <th>Quantity</th> <th>Type Measure</th> <th>Suspected Type</th> <th colspan="6">Check up to 3 types of activity for each</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Possess</th> <th>Buy</th> <th>Sale</th> <th>Mfg.</th> <th>Importing</th> <th>Operating</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each											Possess	Buy	Sale	Mfg.	Importing	Operating																																																																																							
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C O M P L A I N T	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:	
	NARRATIVE									

S T A T U S	Arresting Officer Signature/ID # BARLOW, C. A. (CB2013)				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			