

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 09/05/2014 18:29		OCA 1405006					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract 11		Residence Tract 99		Arrest Number 63815				
A R R E S T E E	Name (Last, First, Middle) HOWELL, JOHN DAVID JR			D.O.B. 03/13/1971		Age 43		Race W	Sex M	Place of Birth HICKORY, NC, NC	Country of Citizenship US	
	Current Address 418 Falls Ave, GRANITE FALLS, NC 28630			Phone 828-396-7644		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown		
	Employer's Name WATTS BUMGARNER BROWN			Address TAYLORSVILLE NC, 28681					Phone 828-640-7253			
	Also Known As (Alias Names)			Hgt 5'05	Wgt 165	Hair BRO	Eyes BLU	Skin Tone LT	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 HOWELL, SANDRA			Address 418 FALLS AVE, GRANITE FALLS, NC					Phone 828-396-7644			
A R R E S T	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 935 BLOWING ROCK BLVD, LENOIR						
	Charge #1 Driving While Subject To Impairing Substance		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2100	Offense Jurisdiction (if not arresting agency)		Statute # 20-138.1	Warr. Date 09/05/2014			
	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 09/05/2014 20:00:00		Place Confined CCDC				Committing Magistrate WALKER MATT					
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Bond Amount \$0.00		Trial Date 11/18/2014 00:00		Court Of District Court		City LENOIR			
	Assisting Officer Name/ID # COFFEY, M. S. 1			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 type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	NARRATIVE											
S T A T U S	Arresting Officer Signature/ID # CRISP, M. S. (MC2010)				Date/Time Submitted 09/06/2014 05:30			Supervisor Signature INGRAM, B. H.				
	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						