

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/04/2014 23:17</b>		OCA <b>1403725</b>									
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>12</b>		Residence Tract <b>99</b>		Arrest Number <b>62572</b>								
A R R E S T E E	Name (Last, First, Middle) <b>GREENE, JOSEPH SCOTT</b>			D.O.B. <b>05/08/1987</b>		Age <b>27</b>		Race <b>W</b>		Sex <b>M</b>		Place of Birth		Country of Citizenship		
	Current Address <b>2051 Roby Martin Rd, LENOIR, NC 28645</b>			Phone <b>828-493-7736</b>			Occupation <b>Laborer</b>			<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident						
	Employer's Name <b>SELF EMPLOYED</b>			Address						Phone <b>828- -</b>						
	Also Known As (Alias Names)			Hgt <b>5'07</b>		Wgt <b>170</b>		Hair <b>BLK</b>		Eyes <b>BLU</b>		Skin Tone <b>LT</b>		Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos <b>TATT RIGH WRIST / MUSHROOM</b>			Social Security #			OLN and State			Misc. # and Type						
	Nearest Relative Name <b>GREENE, MALCOM</b>			Address						Phone <b>828-493-7736</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>NW CALVARY PL/BLOWING ROCK BLVD,</b>									
	Charge #1 <b>Driving While Subject To Impairing Substance</b>			<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>2100</b>		Offense Jurisdiction (if not arresting agency)			Statute # <b>20-138.1</b>		Warr. Date <b>07/05/2014</b>	
	Charge #2 <b>Expired Or Fictitious Registration</b>			<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>4010</b>		Offense Jurisdiction (if not arresting agency)			Statute # <b>20-111(2)</b>		Warr. Date <b>07/05/2014</b>	
	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 <b>WALKER MATT</b>									
	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 <b>\$0.00</b>		Trial Date <b>09/22/2014 00:00</b>		Court Of <b>District Court</b>			City <b>LENOIR</b>					
	Assisting Officer Name/ID # <b>INGRAM, B. H. 1</b>			Released By (Name/Department/ID #) <b>WALKER, M. N.</b>			Date/Time Released <b>07/05/2014 01:23:00</b>									
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:						
N A R R A T I V E	The subject was handcuffed behind the back, and he was seat belted in the back of my patrol vehicle. The subject advised that he had consumed an unknown amount of malt beverages. The subject blew a .14 on the Intox instrument. The subject received a custody release.  [07/07/2014 14:05, BWOODY, 576, LPD]															
S T A T U S	Arresting Officer Signature/ID # <b>REID, J. H. (JR2010)</b>			Date/Time Submitted <b>07/05/2014 04:02</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									