

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/17/2014 21:45</b>		OCA							
	Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number <b>63414</b>					
A R R E S T E E	Name (Last, First, Middle) <b>BLEDSON, JAY CHARLES</b>				D.O.B. <b>11/26/1985</b>		Age <b>28</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>LENOIR, NC</b>		Country of Citizenship <b>US</b>		
	Current Address <b>429 Sw Swanson Dr, LENOIR, NC 28645</b>				Phone <b>828-572-1891</b>		Occupation <b>Unemployed</b>			<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>				Address						Phone <b>828- -</b>			
	Also Known As (Alias Names)				Hgt <b>5'10</b>	Wgt <b>150</b>	Hair <b>BRO</b>	Eyes <b>HAZ</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT LEFT ARM / JAY AND CROSS; SCAR</b>				Social Security #		OLN and State			Misc. # and Type				
	Nearest Relative Name <b>SHARON BLEDSON</b>				Address <b>429 SWANSON DR, LENOIR, NC</b>						Phone <b>828-850-2308</b>			
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest									
	Charge #1 <b>Assault On A Female</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency)			Statute # <b>14-33(B)2</b>		Warr. Date			
	Charge #2 <b>Child Abuse Misdemeanor</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2040</b>	Offense Jurisdiction (if not arresting agency)			Statute # <b>14-318.2</b>		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 <b>\$0.00</b>		Trial Date		Court Of City							
	Assisting Officer Name/ID # <b>0</b>				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 # <b>GREENE, D. P. (DG2009)</b>				Date/Time Submitted <b>//</b>				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									