

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>08/22/2014 02:43</b>		OCA <b>1404692</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>11</b>		Residence Tract <b>99</b>		Arrest Number <b>63509</b>					
A R R E S T E E	Name (Last, First, Middle) <b>WALKER, MICHAEL WAYNE</b>			D.O.B. <b>10/02/1980</b>		Age <b>33</b>		Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>WILKESBORO, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>2806 Twin Meadow Drive, HUDSON, NC 28638</b>			Phone <b>828-728-8128</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name <b>MC GEE LUMBER</b>			Address <b>WILKSBORO BLVD LENOIR NC</b>			Phone <b>828-758-4660</b>						
	Also Known As (Alias Names)			Hgt <b>5'11</b>	Wgt <b>175</b>	Hair <b>BRO</b>	Eyes <b>HAZ</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>SCAR LEFT ANKLE / SURGERY; TATT RIGH</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>WALKER, CATHY</b>			Address <b>2806 TWIN MEADOWS DR, HUDSON, NC</b>			Phone <b>828-728-8128</b>						
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>			<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest <b>921 NE VISTA PL, LENOIR</b>						
A R R E S T	Charge #1 <b>Fail To Appear</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2640</b>	Offense Jurisdiction (if not arresting agency) <b>GASTON</b>		Statute # <b>15A-305</b>		Warr. Date <b>06/02/2014</b>			
	Charge #2 <b>Fail To Appear</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2640</b>	Offense Jurisdiction (if not arresting agency) <b>GASTON</b>		Statute # <b>15A-305</b>		Warr. Date <b>06/02/2014</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 <b>08/22/2014 03:35:00</b>		Place Confined <b>CCDC</b>			Committing Magistrate <b>TYISINGER WILLIAM S</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>\$5,000.00</b>		Trial Date <b>09/22/2014 00:00</b>		Court Of <b>District Court</b>		City <b>GASTONIA - GAST</b>				
	Assisting Officer Name/ID # <b>INGRAM, B. H. 1</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 checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:				
	The subject was handcuffed behind his back and seated in the back seat of my patrol vehicle.  [08/22/2014 11:51, BWOODY, 576, LPD]												
S T A T U S	Arresting Officer Signature/ID # <b>SANDERS, T. G. (TS2013)</b>				Date/Time Submitted <b>08/22/2014 04:30</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							