

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 08/19/2014 16:00		OCA		
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number 63460		
A R R E S T E E	Name (Last, First, Middle) GREENE, BRITTANY CORRELL			D.O.B. 08/19/1989	Age 25	Race W	Sex F	Place of Birth LENOIR, NC,	Country of Citizenship US
	Current Address 3048 Warrior Rd, LENOIR, NC 28638			Phone 828-572-9767		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name UNEMPLOYED			Address				Phone 828- -	
	Also Known As (Alias Names) CORRELL, BRITTANY MICHELLE			Hgt 5'03	Wgt 100	Hair BRO	Eyes BRO	Skin Tone LT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TATT RIGH NECK / STARS			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name CORRELL, LOUISE			Address 2850 TWIN MEADOWS DRIVE, HUDSON,				Phone 828-728-6389	
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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				
	Charge #1 Dwlr / Limited Driving Privileges	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 4010	Offense Jurisdiction (if not arresting agency)		Statute # 20-179.3(J)	Warr. Date	
	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		
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 # GIBSON, J. D. (JG2010)			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				