

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>07/08/2014 10:15</b>		OCA <b>1403797</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>62596</b>					
A R R E S T E E	Name (Last, First, Middle) <b>HOOD, JOSHUA MICHAEL</b>			D.O.B. <b>05/09/1990</b>		Age <b>24</b>		Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>LENOIR, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>4170 Dug Hill Rd, LENOIR, NC 28645</b>			Phone <b>828-228-8210</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name <b>SELF EMPLOYED</b>			Address <b>4170 DUG HILL RD LENOIR, NC</b>			Phone <b>828-228-8210</b>						
	Also Known As (Alias Names) <b>JOSH</b>			Hgt <b>5'11</b>	Wgt <b>190</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT RIGH ARM / "MELANIE"</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>HUNT, MELANIE S</b>			Address <b>1021 NE WELLINGTON CT, LENOIR, NC</b>			Phone <b>828-754-1846</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>440 BLOWING ROCK BLVD, LENOIR</b>								
	Charge #1 <b>Simple Possess Of Sch 6 C/s</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(D)(4)</b>	Warr. Date <b>07/08/2014</b>				
	Charge #2 <b>Possess Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22(A)</b>	Warr. Date <b>07/08/2014</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 <b>1996</b>	Make <b>CHEV</b>	Model <b>SILVERAD</b>	Style	Color <b>WHI</b>	Plate #/State <b>CEF9526 NC 0</b>	VIN <b>1GCEK14R9TZ206819</b>						
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured 2. <input checked="" type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other <b>.NULL.</b> 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>07/08/2014 11:00:00</b>		Place Confined <b>CCDC</b>		Committing Magistrate <b>KEENE JILL</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>\$500.00</b>		Trial Date <b>09/15/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>				
	Assisting Officer Name/ID # <b>BLACHE, N. C. 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 the back, secured in the rear of my patrol car, and transported to the Caldwell County Detention Center.  [07/09/2014 10:16, BWOODY, 576, LPD]												
S T A T U S	Arresting Officer Signature/ID # <b>COFFEY, M. S. (MC2013)</b>			Date/Time Submitted <b>07/08/2014 12:00</b>			Supervisor Signature <b>BLACHE, N. C.</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							