

ARREST REPORT

AGENCY	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 08/16/2014 04:00		OCA 1404559	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 11		Residence Tract 99		Arrest Number 63447	
ARRESTEE	Name (Last, First, Middle) PRICE, MEGAN RENAE				D.O.B. 02/16/1990	Age 24	Race W	Sex F
	Current Address 1236 Three Way Ln, LENOIR, NC 28645				Phone 828-758-3026		Occupation None	
	Employer's Name UNEMPLOYED				Address NONE			
	Also Known As (Alias Names)				Hgt 5'05	Wgt 130	Hair BRO	Eyes BRO
	Scars, Marks, Tattoos TATT RIGH WRIST / HAILEY				Social Security #		OLN and State	
	Nearest Relative Name MANN, REGINA				Address SCOTTS TRAIL, MORGANTON, NC 28655			
ARREST	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 935 BLOWING ROCK BLVD, LENOIR			
	Charge #1 Hold Until Sober	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 4040	Offense Jurisdiction (if not arresting agency)		Statute # 122C-301	
	Charge #2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	
	Charge #3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	
VEHICLE	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? _____							
CONFINED	Date/Time Confined 08/16/2014 04:20:00		Place Confined CCDC		Committing Magistrate			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00	Trial Date	Court Of City			
	Assisting Officer Name/ID # GREENE, D. P. 1		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							
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each	
							Possess	Buy
							Sale	Mfg.
							Importing	Operating
COMP	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address		Phone:	
	The subject was handcuffed behind her back and seated in the back seat of my patrol vehicle. The subject consumed an unknown amount of an alcoholic beverage. [08/19/2014 10:21, BWOODY, 576, LPD]							
STATUS	Arresting Officer Signature/ID # SANDERS, T. G. (TS2013)			Date/Time Submitted 08/16/2014 05:00		Supervisor Signature INGRAM, B. H.		
	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			