

ARREST REPORT

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|--------------------------------------|---|--------|--|-----------------------------|---|---|---------------------------------------|------------------------------|---|-----|---|------|-------------------------------------|-----------|---|--|
| A G E N C Y | Agency Name Lenoir Police Department | | | ORI 0140200 C0015 | | Date/Time Arrested 07/30/2014 00:21 | | OCA 1404257 | | | | | | | | |
| | <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 63087 | | | | | | | |
| A R R E S T E E | Name (Last, First, Middle) EDWARDS, KRISTINE NICOLE | | | | D.O.B. 11/02/1984 | | Age 29 | | Race W | | Sex F | | Place of Birth LENOIR, NC | | Country of Citizenship US | |
| | Current Address 1579 Baton School Rd, GRANITE FALLS, NC 28645 | | | | Phone 828-292-7025 | | | Occupation Laborer | | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident | | <input type="checkbox"/> Unknown | | | |
| | Employer's Name UNEMPLOYED | | | | Address | | | | | | Phone 828-449-6977 | | | | | |
| | Also Known As (Alias Names) EDWARDS, KRISTINE N | | | | Hgt 5'01 | | Wgt 130 | | Hair BRO | | Eyes BLU | | Skin Tone LT | | Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| | Scars, Marks, Tattoos TATT LOW BACK / SCORPIO SIGN; TATT | | | | Social Security # | | | OLN and State | | | Misc. # and Type | | | | | |
| | Nearest Relative Name MANN, BILLY JOE | | | | Address 1579 BATON SCHOOL RD, GRANITE | | | | | | Phone 828-449-6977 | | | | | |
| | If Armed, Type of Weapon NOT APPLICABLE/NONE | | | | <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 935 BLOWING ROCK BLVD, LENOIR | | | | | | | |
| A R R E S T | Charge #1 Shoplifting (concealment Of Goods) | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | | Counts 1 | | DCI Code 0630 | | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72.1(A) | | Warr. Date 07/30/2014 | | | |
| | Charge #2 Larceny (misdemeanor) | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | | Counts 1 | | DCI Code 0690 | | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72 (A) | | Warr. Date 07/30/2014 | | | |
| | Charge #3 Possess Stolen Property | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | | Counts 1 | | DCI Code 1330 | | Offense Jurisdiction (if not arresting agency) | | Statute # 14-71.1 | | Warr. Date 07/30/2014 | | | |
| 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 07/30/2014 01:15:00 | | | | Place Confined CCDC | | | | Committing Magistrate WALKER MATT | | | | | | | |
| | 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 \$1,000.00 | | Trial Date 08/21/2014 00:00 | | Court Of District Court | | City LENOIR | | | | | |
| | Assisting Officer Name/ID # KEEFER, E. 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 | | | | | | | | | | | | | | | |
| 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 | | |
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| C O M P | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address | | | | Phone: | | | | | | | |
| | Edwards had consumed an unknown amount of alcoholic beverages. Edwards was handcuffed and transported by department policy. [07/30/2014 13:41, BWOODY, 576, LPD] | | | | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # FOUST, M. M. (MF2012) | | | | Date/Time Submitted 07/30/2014 02:00 | | | | Supervisor Signature SNIDER, G. F. | | | | | | | |
| | 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 | | | | | | | |