ARREST REPORT

A G	Agency Name							ORI		Date/Time A					OCA				
G I E N N F	Lenoir Police Department Taken Fingerprint Card Check Digit # (CKN)							O14020 Arrest Tract								1405299 st Number			
ço	Taken Fingerprint Card Check Digit # (CKN) Prints Photos							12			Residence Tract			Arrest N					
	Name (Last, First, Middle)							 -	D.O.B.			Race Sex		T	Place of E			Country of	
	TRIPLETT, GARY WAYNE								03/09/196	5	49	w	М				us	Citizenship	
A R R E S T E E	Current Address 308 Ne Carolina Dr, LENOIR, NC 28645							Phone 828-292-97			Occupation Lab			abore				Unknown	
	Employer's Name UNEMPLOYED							Address	s										
	Also Known As (Alias Names)								Hgt 5'09	1	Wgt Hair 200 BRO			Eyes GRN				Drug/Alcohol No Unk	
	Scars, Marks, Tattoos TATT RIGH SHOULDER / GWT							Social Secu	rity #	OLN an		and Sta	ite N		M	Misc. # and Type			
	Nearest	Relative		SHOULL	DER / (JW I									Pho	ne			
A R R E S T	TRIF	LET.	T, PAMEL			308 NE CAROLINA DR, LENOIR, NC 28645							- 11	8-292-51	06				
	— —							al Summons tation	Warrant	Place of Arres			II RE	DDV	et i	ENOI	D		
	Charge #1							Counts	DCI Code				on (if not			_	Statute #	Warr. Date	
	Misd						1		4040								C-261	09/19/2014	
	Charge #2					☐ Fel ☐ Misd		Counts	DCI Code		Offense Jurisdiction (if not arres				agency) Statute #			Warr. Date	
V E F O	Charge #3					☐ Fel ☐ Misd		Counts	DCI Code Offense			se Jurisdiction (if not arresting agency)) Statute #		Warr. Date	
	VYR	Ма	ake	Model		Style		Color	Plate #/State		VIN					!			
	Vehicle 1. Left at Scene Secured Unsecure Date/Time 2. Released to other at owners request Name of Other																		
C O B F N	Released to differ at owners request																		
	Date/Time Confined Place Confined O9/19/2014 20:40:00 CMH														lagistrate				
	Type Bond Bond Amount Bond Amount Unsecured						.00	Trial Date				Court Of City							
N D E D	Secured No Bond Other Assisting Officer Name/ID # CRISP, M. S.					1	Released	By (Name/Department/ID #)			<i>±</i>) □				Date/Time Released				
Status	us Live Coule D. Devend D. Devend J. Colord D. Devend C. Countri V. Sand J. S. Sand																		
Codes			<u> </u>				\neg	Check up to 3 types of activity for each											
D A R A B	DCI Status Quantity Type Measu						ed Type				Possess	Buy	Sale	Mfg.	Importing	Operating			
										_									
R AR U T E G S S T																			
ST							-												
į																			
ļ										_		<u> </u>							
C O M	Name:	Comp	I olainant ∑		Address								Pi	none:	II				
P N	Subject was served with Involuntary Commitment papers at Caldwell Memorial Hospital Subject															1+			
A R		Subject was served with Involuntary Commitment papers at Caldwell Memorial Hospital. Subject ingested an unknown amount of Ativan.																	
R A T	Γ00.	/22/2	014 10:4	9 DW OOT	NV 57	/6 IDD1													
- 1	LU9/	43/4	.OIT TU:4	o, bwool	,, 5/	נתאה ,													
V E																			
S T	Arresting Officer Signature/ID #							te/Time Subm		ll '				Signature					
A T	STEWART, J. M. (JS2013) Case Status: Case Disposition:							09/20	09/20/2014 04:32 INGRAM, I					, Б. Г	١.				
υ s	☐ Further Inv. ☐ Cleared By Arrest / ☐ Inactive ☐ Tolerated ☐ Arrest / No Investigation						ded		-										
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