

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>		ORI <b>0140200 C0015</b>		Date/Time Arrested <b>06/15/2014 14:50</b>		OCA <b>1403377</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>HP6353Y</b>	Arrest Tract <b>12</b>		Residence Tract <b>14</b>		Arrest Number <b>62167</b>					
A R R E S T E E	Name (Last, First, Middle) <b>COLLINS, SPENCER LEE</b>			D.O.B. <b>04/06/1979</b>	Age <b>35</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>CALDWELL, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>415 Nw Stonewall St, D21, LENOIR, NC 28645</b>			Phone <b>828-728-8973</b>		Occupation <b>Laborer</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown				
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone <b>828- -</b>					
	Also Known As (Alias Names) <b>COX, JEFFERY</b>			Hgt <b>6'04</b>	Wgt <b>190</b>	Hair <b>BRO</b>	Eyes <b>GRN</b>	Skin Tone <b>LT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RIGH FOREARM / SPIDER WEB; TATT</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>COLLINS, POLLY LOU</b>			Address <b>4030 JAMES DR, HUDSON, NC 28638</b>				Phone <b>828-728-8973</b>				
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>			<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 <b>209 NW MULBERRY ST, LENOIR</b>						
A R R E S T	Charge #1 <b>Possess W/intent Manuf Sell Deliv Sch 4 C/s</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date <b>06/15/2014</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</b>	Warr. Date <b>06/15/2014</b>			
	Charge #3 <b>Maintain Vehicle Or Dwelling For C/s</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1890</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-108(A)(7)</b>	Warr. Date <b>06/15/2014</b>			
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 checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>06/16/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>				
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #) <b>KEENE, J.</b>			Date/Time Released <b>06/15/2014 14:58:00</b>					
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:				
	Defendant was served with a warrant at the Magistrate's Office. He was given a written promise and released.  [06/16/2014 13:32, BWOODY, 576, LPD]											
S T A T U S	Arresting Officer Signature/ID # <b>GREENE, C. L. (CG2010)</b>			Date/Time Submitted <b>06/15/2014 16:20</b>			Supervisor Signature <b>SMITH, M. B.</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						