## ARREST REPORT

| Α.                | Agency Name  |           |                              |                         |                |              |                | ORI                           |                                   |                                       | Date/Time Arrested                           |                      |                   |                    |                    | OCA                           |            |                           |  |
|-------------------|--|-----------|------------------------------|-------------------------|----------------|--------------|----------------|-------------------------------|-----------------------------------|---------------------------------------|--|----------------------|-------------------|--------------------|--------------------|-------------------------------|------------|---------------------------|--|
| G I<br>E N<br>N F | Lenoir Police Department   |           |                              |                         |                |              |                | 014020                        |                                   |                                       |  |                      | 00:27             |                    | 1404558            |                               |            |                           |  |
| CO                | Taken Fingerprint Card Check Digit # (CKN) ☐ Prints                          |           |                              |                         |                |              |                | Arrest Tract                  | t                                 |                                       | idence '                                     | Tract                |                   | Arrest Nu          |                    |                               |            |                           |  |
| Υ                 | ☐ Photos   |           |                              |                         |                |              |                | 13                            |                                   | 99                                    | 99   |                      | 1 0               |                    | 63390              |                               | 11         | 0                         |  |
|                   | Name (Last, First, Middle)  OLIVER, STEPHEN LEE                              |           |                              |                         |                |              |                |                               | D.O.B.<br>03/14/196               | 6                                     | Age Race 48 W                                |                      | Sex M             |                    | ŀ                  | Place of B                    |            | Country of<br>Citizenship |  |
| A R R E S T E E   | Current Address 4107 Shoun Dr, HUDSON, NC 28638                              |           |                              |                         |                |              |                |                               | Phone <b>828-499-1</b>            | -1356                                 |  |                      | Occupation<br>Dis | sable              | ed                 | Resident Unknown Non-Resident |            |                           |  |
|                   | Employer's Name UNEMPLOYED   |           |                              |                         |                |              |                | Address                       |                                   |                                       |  |                      |                   |                    |                    | Phone <b>828</b>              |            |                           |  |
|                   | Also Known As (Alias Names)  |           |                              |                         |                |              |                |                               | Hgt                               | Hgt Wgt                               |  | На                   | Hair Eyes         |                    | SI                 | 11                            |            | Drug/Alcohol              |  |
|                   |  |           |                              |                         |                |              |                |                               | 6'03                              | 1                                     | 168 B  |                      | RO BRO            |                    | )                  | <b>LT</b> ☐ Yes               |            | ☑ No ☐ Unk                |  |
|                   | Scars, Marks, Tattoos  |           |                              |                         |                |              |                | Social Secu                   | urity #                           | OLN                                   |  | and Sta              | id State          |                    | Mi                 | Misc. # and Type              |            |                           |  |
|                   |  | Relative  |                              |                         | Addres         |              |                |                               |                                   |                                       |  |                      | Phone             |                    |                    |                               |            |                           |  |
|                   | ABLE, LISA  If Armed, Type of Weapon   |           |                              |                         |                |              |                |                               |                                   | N DR, HUDSON, NC 28638   828-381-5465 |  |                      |                   |                    |                    |                               |            |                           |  |
|                   | KNIFE □ On-View □ Order for Arrest   |           |                              |                         |                |              | Crimina<br>Cit | al Summons<br>tation          | ll l                              |                                       |  | RWOOD ST/MCLEAN      |                   |                    |                    | DR I FNOIR                    |            |                           |  |
| A I N E O T       | Charge   |           |                              | ☐ Fel                   |                | Counts       | DCI Code       |                               |                                   |                                       | on (if not a                                 |                      |                   |                    |                    | Warr. Date                    |            |                           |  |
|                   |  |           | le License Re<br>Violation   |                         | ☑ Nisd         | 1            |                | 4010                          |                                   |                                       |  |                      |                   |                    | 20-                | 28(A)                         | 08/16/2014 |                           |  |
|                   | Charge #2  |           |                              |                         |                | ☐ Fel        |                | Counts                        | DCI Code                          |                                       | Offense Jurisdiction (if not arres           |                      |                   |                    | agency)            | Statute #                     |            | Warr. Date                |  |
|                   |  |           |                              |                         | ☐ Misd         |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| V Ш Н О           | Charge   | #3        |                              |                         |                | ☐ Fel ☐ Misd |                | Counts                        | DCI Code                          | 0                                     | Offense Jurisdiction (if not arresting agend |                      |                   |                    |                    | S                             | Warr. Date |                           |  |
|                   | VYR Make Model   |           |                              |                         | Style          |              |                | Color                         | Plate #/State                     |                                       |  |                      | VIN               |                    |                    |                               |            |                           |  |
|                   | Vehicle  |           | Left at Scene                |                         | Secured        |              |                |                               | Date/Time_                        |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| пo                |  |           | ☐ Released to of ☐ Impounded | her at owners  Place of |                | ☐ Nam        | e of Ot        | ther                          |                                   |                                       |  |                      |                   |                    |                    | Inventory                     | on File?   |                           |  |
| CONFINE           |  | ne Confi  | ned                          |                         | Place C        | onfined      |                |                               |                                   |                                       |  |                      |                   |                    | /lagistrate        |                               | 01111101   |                           |  |
|                   | 08/16/2014 01:24:00 CCDC   |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      | WALKER MATT       |                    |                    |                               |            |                           |  |
|                   | Type Bond Bond Amount  Written Promise Unsecured  Socured No Pool Type Other |           |                              |                         |                |              | 00             | Trial Date 0 09/08/2014 00:00 |                                   |                                       | Court Of City  District Court LENOIR         |                      |                   |                    |                    |                               | IR         |                           |  |
|                   | Secured No Bond St Other Ssisting Officer Name/ID #                          |           |                              |                         |                |              | .00            | L                             | By (Name/Department/ID #)         |                                       |  |                      |                   |                    | Date/Time Released |                               |            |                           |  |
| D                 | REID, J. H. 1  |           |                              |                         |                |              |                | Nelease                       | (/ID #)                           | #) L                                  |  |                      |                   | Jate/Time Released |                    |                               |            |                           |  |
| Status<br>Codes   | L - Los  | t S-      | - Stolen R - R               | ecovered                | D - Dama       | ged Z - Seiz | zed            | B - Burne                     | d C - Counte                      | rfeit / F                             | Forged                                       | F-1                  | Found             |                    |                    |                               |            |                           |  |
|                   | DCI Status Quantity Type Measure   |           |                              |                         |                |              |                | Suspecte                      |                                   |                                       |  | С                    | heck up t         | 3 types            | of activity for    | each                          |            |                           |  |
| ARREST<br>DRUGS   | States & definity   1 ype ivi  |           |                              |                         |                |              |                |                               |                                   | Possess                               |  |                      | Buy               | Sale               | Mfg.               | Importing                     | Operating  |                           |  |
|                   |  |           |                              |                         |                |              |                |                               |                                   |                                       | -  |                      |                   | +                  |                    |                               |            |                           |  |
|                   |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| UTE               |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| SΥ                |  |           |                              |                         |                |              |                |                               |                                   |                                       |  | 1                    |                   |                    |                    |                               |            |                           |  |
| +                 |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    | 1                  |                               |            |                           |  |
|                   |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
|                   |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| C<br>O<br>M<br>P  | Name:  | Comp      | olainant <b>∑</b>            | Victim                  |                |              | Address        |                               |                                   |                                       |  |                      |                   | Phone:             |                    |                               |            |                           |  |
| N                 | Subject was cuffed and placed in the rear of my patrol car.                  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| A<br>R            | r 0.0  | /10/2     | 0014 12.54                   | . BMOOD                 | E7             | 6 IDD1       |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| R<br>A<br>T       | [00/   | 10/2      | 2014 12:56                   | , BWOOL                 | 1, 5/          | 0, LPD]      |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| i                 |  |           |                              |                         |                |              |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| E                 |  |           |                              |                         |                |              |                |                               |                                   |                                       |  | ,                    |                   |                    |                    |                               |            |                           |  |
| S<br>T            | Arresting Officer Signature/ID #   |           |                              |                         |                |              |                | Date/Time Submitted           |                                   |                                       |  | Supervisor Signature |                   |                    |                    |                               |            |                           |  |
| Å<br>T            | INGRAM, B. H. (BI2006)  Case Status: Case Disposition:                       |           |                              |                         |                |              |                | 08/10                         | 08/16/2014 06:22    INGRAM, B. H. |                                       |  |                      |                   |                    | 1.                 |                               |            |                           |  |
| U                 | ☐ Fur  | ther Inv. |                              | By Arrest               | / No Supplemen | nt Need      | ded            | Arrestee Signature            |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |
| S                 | ☐ Ina  | ctive     | ☑ Closed                     | ☐ Arrest /              | No Investi     | gation       |                |                               |                                   |                                       |  |                      |                   |                    |                    |                               |            |                           |  |

DCI-608F Rev. 3/92