## ARREST REPORT

| Α.                    | Agency Name   |   |                    |            |                |              |                                   |                           | ORI                             |                   |  | Date/Time Arrested OC                       |     |  |                           |  | OCA                          |                           |  |  |
|-----------------------|---|---|--------------------|------------|----------------|--------------|-----------------------------------|---------------------------|---------------------------------|-------------------|--|---|-----|--|---------------------------|--|------------------------------|---------------------------|--|--|
| G I<br>E N<br>N F     | Lenoir Police Department  |   |                    |            |                |              |                                   | 014020                    |                                 |                   | 07/08/2014 2   |   |     |  |                           |  | 1403821                      |                           |  |  |
| CO                    | Taken Fingerprint Card Check Digit # (CKN)  |   |                    |            |                |              |                                   | Arrest Tract              |                                 |                   | Residence Tract  |   |     | ll l   | Arrest Number             |  |                              |                           |  |  |
| Υ                     | Photos Name (Last, First, Middle)   |   |                    |            |                |              |                                   | 14                        | 99                              |                   |  |   |     |  | Place of Birth Country of |  |                              |                           |  |  |
|                       | GREENE, BRITTANY CORRELL  |   |                    |            |                |              |                                   |                           | D.O.B.<br>08/19/1989            |                   | ~  |   |     |  | NOIR, N                   |  |                              | Country of<br>Citizenship |  |  |
| A R R E S T E E       | Current Address 3048 Warrior Rd, LENOIR, NC 28638   |   |                    |            |                |              |                                   | Phone <b>828-572-9767</b> |                                 |                   |  |   |     |  |                           |  | esident<br>on-Resident       | Unknown                   |  |  |
|                       | Employer's Name UNEMPLOYED  |   |                    |            |                |              |                                   | Addres                    |                                 |                   |  |   |     |  |                           | Phone 828 Skin Tone   Consumed Drug/Alcoho |                              |                           |  |  |
|                       | Also Known As (Alias Names)  CORRELL, BRITTANY MICHELLE   |   |                    |            |                |              |                                   |                           | 5'03                            |                   | Wgt Hair<br>100 BRO  |   |     | Eyes<br>BRC  | <u> </u>                  | LT Yes A No Unk                            |                              |                           |  |  |
|                       | Scars, Marks, Tattoos  TATT RIGH NECK / STARS   |   |                    |            |                |              |                                   |                           | urity #                         |                   | OLN and State Misc. # and Type   |   |     |  |                           |  |                              |                           |  |  |
| A R R E S T           | Nearest Relative Name  CORRELL, LOUISE BEAN   |   |                    |            |                |              |                                   |                           | Address                         |                   |  |   |     |  |                           |  |                              | <del></del><br>89         |  |  |
|                       |   |   | of Weapon          |            | ☑ On-          | imina        | I Summons                         |                           |                                 |                   | of Arrest  |   |     |  |                           |  |                              |                           |  |  |
|                       | Charge #1   |   |                    |            |                |              | Cita                              | ation   Counts            | Warrant<br>DCI Code             | ш.                | 310 NW HARRINGTON ST, LENOIR  Offense Jurisdiction (if not arresting agency)   Statute #   Warr. D |   |     |  |                           |  |                              | Warr, Date                |  |  |
|                       | Expired Or Fictitious Registration  |   |                    |            |                |              | 1                                 |                           | 4010                            |                   |  |   | ,   |  |                           | 20-111(2)                                  |                              | 07/08/2014                |  |  |
|                       | Charge #2 Driving While License Revoked By Restriction Violation  |   |                    |            |                |              | 1                                 | Counts                    | DCI Code Offens 4010            |                   |  | Offense Jurisdiction (if not arresting ager |     |  |                           | 20-  | Warr. Date <b>07/08/2014</b> |                           |  |  |
| -<br>У Е Н<br>О       | Charge #3   |   |                    |            |                | ☐ Fel ☐ Misd | (                                 | Counts                    | DCI Code                        |                   | Offense Jurisdiction (if not arre  |   |     |  | g agency) Statute #       |  |                              | Warr. Date                |  |  |
|                       | VYR   | Ma  | 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 |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| ٥                     |   |   | ☐ Impounded        | Place o    | •              |              | 01 01                             |                           |                                 |                   |  |   |     |  |                           | Inventory                                  | on File?                     |                           |  |  |
| лых—тиоо<br>Охоя<br>, |   | ne Confi<br><b>8/201</b>                          | ined<br>4 21:40:00 |            | Place C<br>CCD |              | Committing Magistrate WALKER MATT |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
|                       | Type Bond Bond Amount   |   |                    |            |                |              |                                   | Trial Date                |                                 |                   |  | Court Of City                               |     |  |                           |  |                              |                           |  |  |
|                       | Secured No Bond X Other \$2,000.  |   |                    |            |                |              | 00                                |                           | D By (Name/Department/ID #)     |                   |  | #)  |     |  |                           | LENOIR  Date/Time Released                 |                              |                           |  |  |
| D<br>Status           |   | P, M.   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| Codes                 | ss L-Lost 3-3tolei K-Necoveled D-Danlaged 2-3etzed B-Bullied C-Counterlett/Foriged F-Found                |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| ARREST<br>AR UGS      | DCI Status Quantity Type Measure  |   |                    |            |                |              |                                   | Suspecte                  |                                 | 4                 |  |   |     | up to 3 types of activity for each Sale Mfg. Importing Operating |                           |  |                              |                           |  |  |
|                       |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           | 1 1 1                                      | 3                            |                           |  |  |
|                       |   | <del>                                      </del> |                    |            |                |              |                                   |                           |                                 |                   |  | +   |     |  |                           |  |                              |                           |  |  |
| ÜAR                   |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| ST                    |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
|                       |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
|                       |   |   |                    |            |                |              |                                   |                           |                                 |                   | -  |   |     |  |                           |  |                              |                           |  |  |
|                       |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| C<br>O<br>M<br>P      | Name:   | Comp  | olainant 🍱         | Victim     |                | Address      |                                   |                           |                                 |                   |  |   |     | Phone:   |                           |  |                              |                           |  |  |
| N                     | Defendant was placed in handcuffs and transported per department policy.                                  |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| A<br>R                | F 0.7   | , o o , c   | 0014 11.1          | 2 Prizoci  | N              | C IDD1       |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| R<br>A<br>T           | [0//  | /09/2   | 2014 11:1          | Z, BWOOL   | )Y, 5/         | 6, LPD]      |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| ľ                     |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| E                     |   |   |                    |            |                |              |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |
| S<br>T                | Arresting Officer Signature/ID #  |   |                    |            |                |              |                                   | e/Time Subr               |                                 | Supervisor Signat |  |   |     |  |                           |  |                              |                           |  |  |
| Å<br>T                | GREENE, C. L. (CG2010)  Case Status: Case Disposition:  |   |                    |            |                |              |                                   | 07/09                     | 07/09/2014 04:45   MOORE, J. E. |                   |  |   |     |  |                           |  |                              |                           |  |  |
| U                     | ☐ Further Inv. ☐ Cleared By Arrest / No Supplement N  |   |                    |            |                |              |                                   | led                       | *                               |                   |  |   |     |  |                           |  |                              |                           |  |  |
| S                     | ☐ Inac  |   | ☑ Closed           | ☐ Arrest / | No Investi     | gation       |                                   |                           |                                 |                   |  |   |     |  |                           |  |                              |                           |  |  |

DCI-608F Rev. 3/92