

## ARREST REPORT

A G E N C Y	Agency Name <b>Lenoir Police Department</b>			ORI <b>0140200 C0015</b>		Date/Time Arrested <b>06/09/2014 19:39</b>		OCA <b>1403300</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)			Arrest Tract <b>12</b>		Residence Tract <b>13</b>		Arrest Number <b>62026</b>			
A R R E S T E E	Name (Last, First, Middle) <b>SUMPTER, SUNNY WALLACE</b>				D.O.B. <b>04/16/1942</b>	Age <b>72</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>LENOIR, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>1240 Sw Frazier Pl, LENOIR, NC 28645</b>				Phone <b>828-729-0904</b>		Occupation <b>Disabled</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name <b>UNEMPLOYED</b>				Address				Phone <b>828- -</b>			
	Also Known As (Alias Names) <b>SUMPTER, SONNY W</b>				Hgt <b>5'10</b>	Wgt <b>200</b>	Hair <b>GRY</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 / DICE; TATT RIGH</b>				Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name <b>WHISNANT, DELPHIA REENE SUMPTER</b>				Address <b>1240 FRAZIER PL, LENOIR, NC 28645</b>				Phone <b>828-303-5322</b>			
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>				<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>1966 SW MORGANTON BLVD, LENOIR</b>					
A R R E S T	Charge #1 <b>Driving While License Revoked</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-28</b>	Warr. Date <b>06/09/2014</b>			
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date			
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date			
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 <b>06/09/2014 20:30:00</b>		Place Confined <b>CCDC</b>			Committing Magistrate <b>TYINGER WILLIAM S</b>						
	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 <b>\$1,500.00</b>		Trial Date <b>07/17/2014 00:00</b>		Court Of <b>District Court</b>		City <b>LENOIR</b>			
	Assisting Officer Name/ID # <b>HAMRICK, J. E. 1</b>			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
C O M P	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	The defendant was handcuffed and secured in the rear of my patrol car during transport.  [06/10/2014 11:02, BWOODY, 576, LPD]											
S T A T U S	Arresting Officer Signature/ID # <b>BROWN, D. (DB2012)</b>				Date/Time Submitted <b>06/10/2014 04:15</b>		Supervisor Signature <b>ROBINSON, C. A.</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						