

ARREST REPORT

A G E N C Y	Agency Name Lenoir Police Department		ORI 0140200 C0015		Date/Time Arrested 07/17/2014 11:00		OCA						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract		Arrest Number 62800						
A R R E S T E E	Name (Last, First, Middle) LACKEY, CHRISTOPHER KEITH			D.O.B. 01/18/1963		Age 51	Race W	Sex M	Place of Birth	Country of Citizenship US			
	Current Address 506 Sw Kincaid St, LENOIR, NC 28630			Phone 828-729-8237		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name LACKEY'S PAINTING			Address LENOIR NC					Phone				
	Also Known As (Alias Names)			Hgt 5'08	Wgt 280	Hair BLK	Eyes GRN	Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name			Address					Phone				
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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							
	Charge #1 Non Iv-d Non Support Spouse		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2020	Offense Jurisdiction (if not arresting agency)		Statute # 14-322(C)	Warr. Date				
	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		Place Confined				Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date		Court Of _____ City						
	Assisting Officer Name/ID # 0				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 type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:				
	NARRATIVE												
S T A T U S	Arresting Officer Signature/ID # COFFEY, M. S. (MC2013)				Date/Time Submitted //		Supervisor Signature						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation			Arrestee Signature							