

## ARREST REPORT

|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|--------------------------------------|---|--|---|--|---|--|--|--|---|------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>Lenoir Police Department</b>  |  | ORI<br><b>0140200 C0015</b>   |  | Date/Time Arrested<br><b>09/05/2014 16:50</b>         |  | OCA<br><b>1405004</b>                    |  |   |      |           |           |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos  | Fingerprint Card Check Digit # (CKN)                                     | Arrest Tract<br><b>12</b>   |  | Residence Tract<br><b>99</b>                          |  | Arrest Number<br><b>63881</b>            |  |   |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>GODFREY, DONALD RAY</b>  |  |   | D.O.B.<br><b>06/22/1954</b>                          | Age<br><b>60</b>                                      | Race<br><b>W</b>                                 | Sex<br><b>M</b>                          | Place of Birth<br><b>GAFFNEY, SC, SC</b>   | Country of Citizenship<br><b>US</b>   |      |           |           |
|                                      | Current Address<br><b>4077 Hickory Blvd, 2, GRANITE FALLS, NC 28630</b>   |  |   | Phone<br><b>828-493-7592</b>                         |   | Occupation<br><b>Laborer</b>                     |  | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |   |      |           |           |
|                                      | Employer's Name<br><b>UNEMPLOYED</b>  |  |   | Address  |   |  |  | Phone<br><b>828- -</b>   |   |      |           |           |
|                                      | Also Known As (Alias Names)   |  |   | Hgt<br><b>5'10</b>                                   | Wgt<br><b>155</b>                                     | Hair<br><b>GRY</b>                               | Eyes<br><b>BLU</b>                       | Skin Tone<br><b>LT</b>   | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |      |           |           |
|                                      | Scars, Marks, Tattoos<br><b>TATT RIGH ARM / VAMPIRE SKULL; TATT</b>   |  |   | Social Security #                                    |   | OLN and State                                    |  | Misc. # and Type   |   |      |           |           |
|                                      | Nearest Relative Name<br><b>GODFREY, JOSEPH HARLON</b>  |  |   | Address<br><b>2173-6 IDLEWOOD DR, GRANITE FALLS,</b> |   |  |  | Phone<br><b>828-729-1834</b>   |   |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>  |  | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant |  | Place of Arrest<br><b>1610 SW COLUMBUS ST, LENOIR</b> |  |  |  |   |      |           |           |
|                                      | Charge #1<br><b>Assault (simple)</b>  | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd | Counts<br><b>1</b>  | DCI Code<br><b>0810</b>                              | Offense Jurisdiction (if not arresting agency)        |  | Statute #<br><b>14.33(A)</b>             | Warr. Date<br><b>08/30/2014</b>  |   |      |           |           |
|                                      | Charge #2   | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            | Counts  | DCI Code   | Offense Jurisdiction (if not arresting agency)        |  | Statute #                                | Warr. Date   |   |      |           |           |
|                                      | Charge #3   | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            | Counts  | DCI Code   | Offense Jurisdiction (if not arresting agency)        |  | Statute #                                | Warr. Date   |   |      |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |  |   |  |   |  |  |  |   |      |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined  |  | Place Confined  |  |   | Committing Magistrate<br><b>KEENE JILL</b>       |  |  |   |      |           |           |
|                                      | Type Bond<br><input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other   |  | Bond Amount<br><b>\$0.00</b>  | Trial Date<br><b>09/25/2014 00:00</b>                |   | Court Of<br><b>District Court</b>                |  | City<br><b>LENOIR</b>  |   |      |           |           |
|                                      | Assisting Officer Name/ID #<br><b>STEWART, J. M. 2</b>  |  | Released By (Name/Department/ID #)<br><b>KEENE, J.</b>  |  |   | Date/Time Released<br><b>09/05/2014 17:40:00</b> |  |  |   |      |           |           |
| Status Codes                         | L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found  |  |   |  |   |  |  |  |   |      |           |           |
| D<br>R<br>U<br>G<br>S                | DCI   | Status   | Quantity  | Type Measure   | Suspected Type  |  | Check up to 3 types of activity for each |  |   |      |           |           |
|                                      |   |  |   |  |   |  | Possess                                  | Buy  | Sale  | Mfg. | Importing | Operating |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
|                                      |   |  |   |  |   |  |  |  |   |      |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>   |  |   | Address  |   |  |  | Phone:   |   |      |           |           |
|                                      | The defendant was handcuffed to his belt loop because one arm was in a cast and secured in the rear of my patrol car for transport.<br><br>[09/09/2014 11:02, BWOODY, 576, LPD]   |  |   |  |   |  |  |  |   |      |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>BROWN, D. (DB2012)</b>   |  |   | Date/Time Submitted<br><b>09/06/2014 15:30</b>       |   | Supervisor Signature<br><b>MOORE, J. E.</b>      |  |  |   |      |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed   |  | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation   |  | Arrestee Signature                                    |  |  |  |   |      |           |           |