

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 09/16/2014 10:40		OCA 201403769						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract F		Residence Tract N		Arrest Number 107289					
A R R E S T E E	Name (Last, First, Middle) STILWELL, JACOB THOMAS			D.O.B. 06/23/1991	Age 23	Race W	Sex M	Place of Birth CATAWBA CO, NC		Country of Citizenship US			
	Current Address 6619 Deerfield Ln, CONNELLY SPRINGS, NC 28655			Phone 828-582-1786		Occupation Unemployed		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown					
	Employer's Name UNEMPLOYED			Address				Phone					
	Also Known As (Alias Names) STILWELL, JACOB			Hgt 6'00	Wgt 160	Hair BRO	Eyes HAZ	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos TATT BACK / STILWELL			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name STILWELL, JENNIFER			Address 6619 DEERFIELD LN, CONNELLY				Phone 828-334-5015					
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 150 GOVERNMENT DR, MORGANTON						
	Charge #1 Probation Violation		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2660	Offense Jurisdiction (if not arresting agency)		Statute # 15A-305(B)(4)	Warr. Date 09/16/2014				
	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 09/16/2014 10:40:00		Place Confined BCDCF			Committing Magistrate ALAN COBB							
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$25,000.00		Trial Date 10/27/2014 00:00		Court Of Superior Court		City MORGANTON				
	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:				
	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE												
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 09/16/2014 10:40			Supervisor Signature MCKINNEY, D. T.						
	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							