

## ARREST REPORT

A G E N C Y	Agency Name <b>Morganton Department Public Safety</b>		ORI <b>0120100 B0003</b>		Date/Time Arrested <b>08/16/2014 14:15</b>		OCA <b>201405414</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>4600</b>		Residence Tract <b>9999</b>		Arrest Number <b>106463</b>					
A R R E S T E E	Name (Last, First, Middle) <b>MAXWELL, LEONARD JAMES</b>			D.O.B. <b>01/29/1961</b>		Age <b>53</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>POLK CO, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>326 Hwy 70 A, HILDEBRAN, NC 28637</b>			Phone <b>828-447-4960</b>		Occupation <b>Unemployed</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident					
	Employer's Name <b>UNEMPLOYED</b>			Address					Phone <b>704-616-5330</b>				
	Also Known As (Alias Names)			Hgt <b>6'03</b>	Wgt <b>280</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>MAXWELL, SHARON</b>			Address					Phone <b>828-290-2521</b>				
A R R E S T	If Armed, Type of Weapon <b>PERSONAL WEAPONS</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant			Place of Arrest <b>201 S GREEN ST, MORGANTON</b>							
	Charge #1 <b>Adw</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(1))</b>	Warr. Date <b>08/16/2014</b>				
	Charge #2 <b>Assault On A Female</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(2)</b>	Warr. Date <b>08/16/2014</b>				
	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>08/16/2014 14:02:00</b>		Place Confined <b>BURKE CATAWBA</b>			Committing Magistrate <b>DAVID WHITESIDES</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>\$0.00</b>	Trial Date <b>09/09/2014 09:00</b>		Court Of <b>District</b>		City <b>MORGANTON</b>					
	Assisting Officer Name/ID # <b>0</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:					
	On 08/16/2014 at approximately 1:45pm I swore out a warrant for arrest on the defendant on the above charges at the Magistrates Office. The defendant was served and placed on a 48 hour hold. I transported the defendant to Burke Catawba where he was left in the custody of the jail staff.  See incident report under same OCA for further. (2014-05414)												
S T A T U S	Arresting Officer Signature/ID # <b>DAVIS, C. G. (D9161)</b>			Date/Time Submitted <b>08/16/2014 15:18</b>			Supervisor Signature <b>LOWDERMILK, T. W.</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							