

## ARREST REPORT

A G E N C Y	Agency Name <b>BURKE COUNTY SHERIFF'S OFFICE</b>		ORI <b>0120000</b>		Date/Time Arrested <b>09/16/2014 10:40</b>		OCA <b>201403770</b>						
	Taken <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>XQ1934Q</b>		Arrest Tract <b>F</b>		Residence Tract <b>C</b>		Arrest Number <b>107273</b>					
A R R E S T E E	Name (Last, First, Middle) <b>EDMONDSON, LEO DEODATO</b>			D.O.B. <b>09/24/1974</b>		Age <b>39</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>BURKE COUNTY, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>3515 Piney Rd, MORGANTON, NC 28655</b>			Phone <b>828-438-0240</b>		Occupation <b>Labor</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name <b>SELF-EMPLOYED</b>			Address <b>3515 PINEY RD, MORGANTON, NC 28655</b>			Phone <b>828-438-0240</b>						
	Also Known As (Alias Names)			Hgt <b>5'09</b>	Wgt <b>200</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DARK</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT RIGH ARM / "LEO"</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>MARY GLASS</b>			Address <b>3915 PINEY ROAD, MORGANTON, NC</b>			Phone <b>828-438-0240</b>						
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</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>150 GOVERNMENT DR, MORGANTON</b>								
	Charge #1 <b>Poss W/int Man/sell/deliver Sched Vi</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)P6</b>	Warr. Date <b>09/16/2014</b>				
	Charge #2 <b>Probation Violation</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2660</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305(B)(4)</b>	Warr. Date <b>09/16/2014</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>09/16/2014 11:45:00</b>		Place Confined <b>BCDCF</b>			Committing Magistrate <b>R.A. CLARK</b>							
	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 <b>\$25,000.00</b>		Trial Date <b>09/17/2014 00:00</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:				
	<b>ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGES. ADDITIONAL BOND \$25,000 SECURED DOCKET NUMBER 13CRS000566 COURT DATE 10-27-2014 BURKE COUNTY.</b>												
S T A T U S	Arresting Officer Signature/ID # <b>HASSON, R. E. (H6780)</b>			Date/Time Submitted <b>09/16/2014 10:40</b>			Supervisor Signature <b>MCKINNEY, D. T.</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							