

## 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>07/07/2014 12:47</b>		OCA <b>201402715</b>	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>E</b>		Residence Tract <b>E</b>		Arrest Number <b>105413</b>
A R R E S T E E	Name (Last, First, Middle) <b>COX, JAMES DELEON</b>			D.O.B. <b>09/18/1976</b>		Age <b>37</b>	Race <b>W</b>	Sex <b>M</b>
	Current Address <b>3193 Norman Dr, MORGANTON, NC 28655</b>			Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone	
	Also Known As (Alias Names)			Hgt <b>5'08</b>	Wgt <b>200</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <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			Address			Phone	
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 checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>3193 NORMAN DR, MORGANTON</b>			
	Charge #1 <b>Fail To Appear/ Failure To Comply</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>
	Charge #2 <b>Fail To Appear/ Failure To Comply</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>
	Charge #3 <b>Fail To Appear/ Failure To Comply</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>
								Warr. Date <b>05/28/2014</b>
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>07/07/2014 13:30:00</b>		Place Confined <b>BCDCF</b>			Committing Magistrate <b>ALAN COBB</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>\$5,000.00</b>		Trial Date <b>07/21/2014 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 type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGES. ADDITIONAL BONDS OF \$1000 SECURED DOCKET NUMBER 13CR050214, \$1000 SECURED DOCKET NUMBER 14CR050897, \$1000 SECURED DOCKET NUMBER 14CR050758 ALL COURT DATES ON 07-21-2014 BURKE COUNTY.							
S T A T U S	Arresting Officer Signature/ID # <b>HASSON, R. E. (H6780)</b>			Date/Time Submitted <b>07/07/2014 12:47</b>		Supervisor Signature <b>ROGERS, S. S.</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			

**ARREST REPORT (Additional Charges)**

Agency Name <b>BURKE COUNTY SHERIFF'S OFFICE</b>	ORI <b>0120000</b>	Date/Time Arrested <b>07/07/2014 12:47</b>	OCA <b>201402715</b>
Arrestee Name <b>COX, JAMES DELEON</b>			Arrest Number <b>105413</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
4) Fail To Appear/ Failure To Comply	M	1	2690		15A-305	03/18/2014