

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE				ORI 0120000		Date/Time Arrested 09/17/2014 18:00		OCA 201403793	
	<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 107333	

A R R E S T E E	Name (Last, First, Middle) CAMPBELL, JASON WAYNE				D.O.B. 04/09/1975		Age 39	Race W	Sex M	Place of Birth		Country of Citizenship US	
	Current Address 4226 Miller Bridge Rd, B, CONNELLY SPRINGS, NC				Phone 828-217-3544			Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name CAROLINA SPECIALTY TOOL				Address ICARD CHURCH OF GOD RD, CONNELLY				Phone 828-397-2467				
	Also Known As (Alias Names)				Hgt 5'11	Wgt 175	Hair GRY	Eyes BLU	Skin Tone FAIR	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				Address					Phone			

A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 5027 MILLER BRIDGE RD, CONNELLY SPRINGS				
	Charge #1 Parole Violation		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2660	Offense Jurisdiction (if not arresting agency)		Statute # 15A-1376	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 09/17/2014 18:00:00		Place Confined BCDCF		Committing Magistrate R.A. CLARK	
	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 \$0.00		Court Of _____ City	
	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. NO COURT DATE SET YET ALSO NO DOCKET NUMBER.									

S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)		Date/Time Submitted 09/17/2014 18:00		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	