ARREST REPORT

A G	Agency				ORI							OCA							
G I E N N F	BURKE COUNTY SHERIFF`S OFFICE Taken Fingerprint Card Check Digit # (CKN)							012 Arrest Tract	0000		7/24/2		4 09:15			201402987 est Number			
ÇÖ	☐ Prints ☐ Photos							F			= siderice				10588	886			
A RR EST EE	Name (Last, First, Middle) CHAPMAN, MEGAN PAIGE								D.O.B. 11/04/199	2	BURKE					Place of Birth Country of Citizenship US			
	Current Address 906 Jamestown Rd, D3, MORGANTON, NC 28							655	Phone 828-260-617			Occupation 78 Unemploy			✓ Resident Unknown ✓ Non-Resident				
		er's Nam	T MULL EL	Address							Phone								
	Also Known As (Alias Names)								Hgt 5'02		Wgt Hair 155 BRO			Eyes HAZ			Consumed Drug/Alcohol Yes X No Unk		
	Scars, Marks, Tattoos							Social Secur				OLN and State				Misc. # and Type			
			IGH LEG /											Phone					
	Nearest Relative Name HOLLIFIELD,WANDA Address 121 COLLINGWOOD DR, MORGANTON, NC														ne 3-430-88	93			
A I R R F S T								ninal Summons Citation			Place of Arrest 201 S GREEN ST, MORGANTON								
	Charge #1 Simple Assault / Assault & Battery							Counts	DCI Code		Offense Jurisdiction (if not arresting agency) Statute # Warr. Date							Warr. Date	
	Simple Assault / Assault & Battery						1	0	0890							14-33(A)		07/23/2014	
	Charge #2					☐ Fel ☐ Misd	,	Counts	DCI Code		Offense Jurisdiction (I			not arresting agency)			tatute #	Warr. Date	
	Charge #3					☐ Fel ☐ Misd	(Counts	DCI Code		Offense Jurisdiction (if not arre				agency)	agency) Statute # Warr. [
V E F O	VYR Make Model			,	Style		Color	or Plate #/State		VIN									
	Vehicle 1. Left at Scene Secured Unsecure Date/Time																		
0	2. Released to other at owners request Name of Other 3. Impounded Place of storage Inventory on File?																		
CONF-NED	Date/Time Confined Place Confined							Committing Magistrate DEBBIE CARSWELL											
	Type Bond Bond Amount ☐ Written Promise ☐ Unsecured						•	Trial Date		Court Of City District MORGANTON									
	Secured No Bond St Other Assisting Officer Name/ID #					Released I			By (Name/Department/ID #)			Suici	Date/Time				Released		
Status	L - Los		- Stolen R - R	ecovered	B - Burned	N, R. E. 07/24/2014 09:2 C - Counterfeit / Forged F - Found							9:25:00						
D A R A R U T E G S T					ged Z - Seize					/ I diged		Tourid	С	heck up t	to 3 types	of activity for	each		
	DCI Status Quantity Type Meas				leasure		Suspected	эd Туре 				Possess	Buy	Sale	Mfg.	Importing	Operating		
													+						
G TE										+									
3																			
	 													+					
C M P	Name: Complainant ☑ Victim ☐ Addre								S							Ph	none:		
NARRATIVE	ON T	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE.																	
S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)							Date/Time Submitted 07/24/2014 09					visor Sigr	ature S, S. S	 S.				
A T U	Case Status: Case Disposition:					/N. 6. :		Arrestee Signature					_, \						
		thar Inv		IIA Cleared	1 By Arrest	/ No Supplement	Need	ded	1										

DCI-608F Rev. 3/92