

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 08/04/2014 15:26		OCA 201403136					
	Taken <input checked="" type="checkbox"/> Prints Fingerprint Card Check Digit # (CKN) <input type="checkbox"/> Photos HB9760B	Arrest Tract F		Residence Tract N		Arrest Number 106130						
A R R E S T E E	Name (Last, First, Middle) COFFEY, DANIEL JAMES			D.O.B. 07/16/1989	Age 25	Race W	Sex M	Place of Birth CATAWBA, NC	Country of Citizenship US			
	Current Address 2971 Icard School Rd, CONNELLY SPRINGS, NC			Phone 828-640-1083		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name UNEMPLOYED			Address				Phone				
	Also Known As (Alias Names)			Hgt 5'11	Wgt 200	Hair BRO	Eyes BRO	Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos TATT BOTH ARM			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name CHILDERS,JOY			Address 202 CAPE HICKORY RD, HICKORY, NC				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 201 S GREEN ST, MORGANTON							
	Charge #1 Larceny By Trick Misd		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (if not arresting agency)		Statute # 14-72(A)	Warr. Date 07/10/2014			
	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		Place Confined			Committing Magistrate ALAN COBB						
	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	Trial Date 09/22/2014 00:00		Court Of Superior Court		City MORGANTON				
	Assisting Officer Name/ID # 0			Released By (Name/Department/ID #) HASSON, R. E.			Date/Time Released 08/04/2014 15:45:00					
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 THIS DATE ARRESTED SUBJECT ON LISTED CHARGE. WRITTEN PROMISE											
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 08/04/2014 15:26			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						