

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 07/15/2014 12:51		OCA 201402859					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract G		Residence Tract G		Arrest Number 105649				
A R R E S T E E	Name (Last, First, Middle) MILLSAPS, KARIANNE MICHELLE			D.O.B. 04/30/1974	Age 40	Race W	Sex F	Place of Birth NEW JERSEY, NJ		Country of Citizenship US		
	Current Address 1235 Harrison Carswell Av E, MORGANTON, NC			Phone 828-390-3857		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name UNEMPLOYED			Address				Phone				
	Also Known As (Alias Names) MILLSAPS, KARI ANNE; MILLSAP, KARIANNE			Hgt 5'01	Wgt 120	Hair BLO	Eyes BRO	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos SCAR STOM STOMACH / THREE SCARS			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name FERRY, DIANE			Address 3678 SUNDOWN RD, MORGANTON, NC				Phone 828-584-3599				
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 1235 HARRISON CARSWELL AV, MORGANTON						
	Charge #1 Fail To Appear/ Failure To Comply		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (if not arresting agency)		Statute # 15A-305	Warr. Date 07/11/2014			
	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 07/15/2014 13:15:00		Place Confined BCDCF			Committing Magistrate ALAN COBB						
	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 \$2,500.00		Trial Date 08/18/2014 00:00		Court Of District		City MORGANTON			
	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.											
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 07/15/2014 12:51			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						