## **ARREST REPORT**

| A                           | Agency Name  |             |                        |                                 |               |              |                              | ORI                             | Date/Time Arrested |                                     |                              |               |               | OCA         |                         |                    |                    |                          |  |  |
|-----------------------------|--|-------------|------------------------|---------------------------------|---------------|--------------|------------------------------|---------------------------------|--------------------|-------------------------------------|------------------------------|---------------|---------------|-------------|-------------------------|--------------------|--------------------|--------------------------|--|--|
| G I<br>E N<br>N F           | BURKE COUNTY SHERIFF'S OFFICE  |             |                        |                                 |               |              |                              |                                 | 0000               | 08/04/2014                          |                              |               |               |             |                         | 201403127          |                    |                          |  |  |
| CO                          | Taken Fingerprint Card Check Digit # (CKN)   |             |                        |                                 |               |              |                              | Arrest Tract                    |                    | Residence Tract                     |                              | ct            |               |             |                         | st Number          |                    |                          |  |  |
| Y                           | Photos XQ1847L  Name (Last, First, Middle)   |             |                        |                                 |               |              |                              | F                               | D.O.B.             | Age                                 | N<br>Age Race                |               |               |             | 10613                   | of Birth           |                    | Country of               |  |  |
| A R R E S T E E             | REID, DAMIEN PRINCE  |             |                        |                                 |               |              |                              |                                 | 08/06/1991         | В                                   | M                            |               | 1 1000        | o. 2        | us                      | Citizenship        |                    |                          |  |  |
|                             | Current Address  |             |                        |                                 |               |              |                              |                                 | Phone Occupation   |                                     |                              |               |               |             | L Kesideni L Olikilowii |                    |                    |                          |  |  |
|                             | 406 E Texas Ave, BESSEMER CITY, NC 2801 Employer's Name  |             |                        |                                 |               |              |                              | Address                         |                    |                                     |                              |               |               |             | n-Resident<br>Phone     |                    |                    |                          |  |  |
|                             | UNEMPLOYED   |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             | Also Known As (Alias Names)  |             |                        |                                 |               |              |                              |                                 | 5'09               |                                     | 215 BLI                      |               | ĸ             | BRO         |                         |                    |                    | Drug/Alcohol             |  |  |
|                             | Scars, Marks, Tattoos  |             |                        |                                 |               |              |                              | Social Secur                    | ity#               |                                     | OLN and State                |               | te            | Mis         |                         | Misc. # and Type   |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               | I Division  |                         |                    |                    |                          |  |  |
|                             | Nearest Relative Name  |             |                        |                                 |               |              |                              | Address                         | i                  | Phone                               |                              |               |               |             |                         |                    |                    |                          |  |  |
| A R R F O T                 | If Armed, Type of Weapon □ On-View □ Cr  |             |                        |                                 |               |              |                              | minal Summons                   |                    |                                     | Place of Arrest              |               |               |             |                         |                    |                    |                          |  |  |
|                             | NOT APPLICABLE/NONE  |             |                        |                                 |               |              | ] Cita                       |                                 | Warrant            |                                     | 150 GOVERNMENT DR, MORGANTON |               |               |             |                         |                    |                    |                          |  |  |
|                             | Charge #1 Assault On Leo/pol/othr Inflicting Serious   |             |                        |                                 |               |              |                              | Counts                          | DCI Code           | Offen                               |                              |               |               |             |                         | Warr. Date         |                    |                          |  |  |
|                             | Injury Misd  |             |                        |                                 |               |              |                              | Counts                          | DCI Code           | Offense Jurisdiction (if not arrest |                              |               |               | arresting   | agency)                 |                    | -34.7<br>Statute # | 11/13/2013<br>Warr. Date |  |  |
|                             |  |             |                        |                                 |               | ☐ Fel ☐ Misd |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             | Charge #3  |             |                        |                                 |               | ☐ Fel ☐ Misd | (                            | Counts                          | DCI Code           | Offense Jurisdict                   |                              |               | on (if not a  | arresting a | agency)                 | Statute # War      |                    | Warr. Date               |  |  |
| V E F O                     | VYR Make Model   |             |                        |                                 | \$            | Style        |                              | Color Plate #/State             |                    | VIN                                 |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             | Vehicle 1. Left at Scene Secured Unsecure Date/Time  2. Released to other at owners request Name of Other    |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             |  |             | Impounded              | ☐ Place of                      |               | Name         | oi Oti                       |                                 |                    |                                     |                              |               |               |             |                         | Inventory          | on File?           |                          |  |  |
| CONF-NED                    | Date/Time Confined   |             |                        |                                 |               |              |                              | Committing Magistrate LYNN WEBB |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             | Type Bond Bond Amount  |             |                        |                                 |               |              |                              | Trial Date                      |                    |                                     |                              | Court Of City |               |             |                         |                    |                    |                          |  |  |
|                             | ☐ Written Promise ☐ Unsecured  □ Secured ☐ No Bond ☐ Other  \$25,0   |             |                        |                                 |               | \$25,000.    | 00                           | 09/22/2                         | 014 00:00          | 4 00:00 Super                       |                              |               | rior Court Me |             |                         |                    | MORGANTON          |                          |  |  |
|                             | Assisting Officer Name/ID #  |             |                        |                                 |               | 0            | Released By (Name/Department |                                 |                    |                                     | ent/ID #)                    |               |               |             | D                       | Date/Time Released |                    |                          |  |  |
| Status<br>Codes             | tatus L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              | Suspected Type               |                                 |                    |                                     |                              | Т             |               | Ch          | neck up to              | o 3 types          | of activity for    | each                     |  |  |
|                             | DCI Status Quantity Type Me  |             |                        |                                 | leasure       |              | туре                         |                                 |                    |                                     | Possess                      | Buy           | Sale          | Mfg.        | Importing               | Operating          |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              |                              |                                 |                    |                                     | +                            |               |               |             |                         |                    |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              | +             |               |             |                         |                    |                    |                          |  |  |
| D A<br>R AR<br>U T S<br>S T |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
| S T                         |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              | _             |               |             |                         |                    |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              | +             |               |             |                         |                    |                    |                          |  |  |
|                             |  |             | 1                      |                                 |               |              |                              |                                 |                    |                                     |                              | +             |               | 1           |                         |                    |                    |                          |  |  |
|                             |  |             |                        |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         |                    |                    |                          |  |  |
|                             |  |             | _                      |                                 |               |              |                              |                                 |                    |                                     |                              |               |               |             |                         | <u> </u>           |                    |                          |  |  |
| C<br>O<br>M<br>P            | Name:  | Comp        | olainant <b>∑</b>      | Victim                          |               |              |                              | Addres                          | s                  |                                     |                              |               |               |             |                         | Ph                 | none:              |                          |  |  |
| M<br>P<br>N                 |  |             | olainant⊠<br>DATE ARRE |                                 | BJECT         | ON LISTI     | ED (                         |                                 |                    |                                     |                              |               |               |             |                         | Pł                 | none:              |                          |  |  |
| M<br>P<br>N<br>A<br>R       |  |             |                        |                                 | JBJECT        | ON LIST      | ED (                         |                                 |                    |                                     |                              |               |               |             |                         | Pł                 | none:              |                          |  |  |
| M<br>P<br>N                 |  |             |                        |                                 | JBJECT        | ON LISTI     | ED (                         |                                 |                    |                                     |                              |               |               |             |                         | Pł                 | none:              |                          |  |  |
| M<br>P<br>N<br>A<br>R<br>R  |  |             |                        |                                 | JBJECT        | ON LIST      | ED (                         |                                 |                    |                                     |                              |               |               |             |                         | Pł                 | none:              |                          |  |  |
| MP NARRAT-VE S              | ON :   | THIS        | DATE ARRE              | STED SU                         |               | ON LISTI     |                              | CHARGE .                        | itted              |                                     | - 1                          |               | isor Signa    |             |                         | Pł                 | none:              |                          |  |  |
| MP NARRAT-VE STA            | ON :   | <b>THIS</b> | DATE ARRE              | STED SU                         | 6780)         | ON LISTI     |                              | CHARGE .                        | itted<br>/2014 10: |                                     | - 1                          |               | isor Signa    |             | . т.                    | Pł                 | none:              |                          |  |  |
| MP NARRAT-VE ST             | ON :   | <b>THIS</b> | DATE ARRE              | STED SU  R. E. (H  Case Dispose | 6780) sition: | ON LISTI     | Date                         | CHARGE .  P/Time Submi  08/04   | itted              |                                     | - 1                          |               | -             |             | . Т.                    | Pł                 | none:              |                          |  |  |

DCI-608F Rev. 3/92