

## ARREST REPORT

A G E N C Y	Agency Name <b>BURKE COUNTY SHERIFF'S OFFICE</b>				ORI <b>0120000</b>		Date/Time Arrested <b>08/20/2014 05:05</b>		OCA <b>201403363</b>				
	Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>D</b>		Residence Tract <b>D</b>		Arrest Number <b>106558</b>				
A R R E S T E E	Name (Last, First, Middle) <b>BALLARD, RANDALL KYLE</b>				D.O.B. <b>11/22/1986</b>		Age <b>27</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>MORGANTON, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>5405 Roy Mcgalliard Av, MORGANTON, NC 28655</b>				Phone <b>828-358-1248</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>				Address				Phone				
	Also Known As (Alias Names)				Hgt <b>6'02</b>	Wgt <b>286</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>FAIR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>JOHNSON,ERICA</b>				Address <b>226 PETE BRITTAIN RD LOT13,</b>				Phone				
A R R E S T	If Armed, Type of Weapon <b>UNKNOWN/NOT STATED</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>5405 ROY MCGALLIARD AV, MORGANTON</b>								
	Charge #1 <b>Resist, Delay Or Obstruct</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency) <b>UNION</b>		Statute # <b>14-223</b>	Warr. Date <b>07/24/2014</b>				
	Charge #2 <b>Trespass-second Degree</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2670</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-159.13</b>	Warr. Date <b>05/21/2014</b>				
	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 <b>08/20/2014 05:30:00</b>		Place Confined <b>BURKE CATAWBA</b>				Committing Magistrate <b>DEBBIE CARSWELL</b>						
	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 <b>\$1,500.00</b>		Trial Date <b>09/02/2014 09:00</b>		Court Of <b>District</b>		City <b>MORGANTON</b>				
	Assisting Officer Name/ID # <b>0</b>				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:				
	<p>I arrested the above named subject at the above stated date and time. Same was served with Union County: 04CIT696083 and Burke County: 14CR041304, advised of his conditions of release, and confined at Burke Catawba Detention Facility.</p> <p>Court date for Union County: 08/29/2014</p>												
S T A T U S	Arresting Officer Signature/ID # <b>KOERNER, J. W. (K8965)</b>				Date/Time Submitted <b>08/20/2014 05:05</b>			Supervisor Signature <b>MCKINNEY, D. T.</b>					
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input checked="" type="checkbox"/> Arrest / No Investigation			Arrestee Signature							