## ARREST REPORT

| Α.                    | Agency   | Name     |                                 |                | ORI                                     | Date                    | Date/Time Arrested OC |                                 |   |                        |                             | )CA   |   |                              |           |                           |                           |                              |  |  |
|-----------------------|--|----------|---------------------------------|----------------|---|-------------------------|-----------------------|---------------------------------|---|------------------------|-----------------------------|---|---|------------------------------|-----------|---------------------------|---------------------------|------------------------------|--|--|
| G I<br>E N<br>N F     | BURKE COUNTY SHERIFF'S OFFICE  |          |                                 |                |   |                         |                       | 012                             | 20000                                   |                        | 09/09/2014                  |   |   | 15:11 201                    |           |                           | 01403659                  |                              |  |  |
| N F<br>C O            | Taken Fingerprint Card Check Digit # (CKN)   |          |                                 |                |   |                         |                       | Arrest Tract                    | Residen                                 |                        |                             | nce Tract Arre                                |   |                              | rrest Nun | est Number                |                           |                              |  |  |
| Ϋ́                    | Dx Photos  |          |                                 |                |   |                         |                       | F                               |   | OUT                    |                             |   | 10  |                              |           | 07080                     |                           |                              |  |  |
| ыш → Оп ии У<br>Оии — | Name (Last, First, Middle)  TRIVETTE, CRYSTAL CARTER   |          |                                 |                |   |                         |                       |                                 | D.O.B.<br>02/27/1979                    |                        |                             | ge Race Sex Place of Birth  MORGANTON/BU RKE, |   |                              |           |                           | NC US                     | Country of<br>Citizenship    |  |  |
|                       | Current Address 253 Brookwood Dr, MARION, NC 28752   |          |                                 |                |   |                         |                       |                                 | Phone <b>828-317-7343</b>               |                        |                             |   | Occupation Resident Receptionist Non-Resident |                              |           |                           | Unknown                   |                              |  |  |
|                       | Employer's Name Addi   |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   | ARION   |                              |           |                           | Phone                     |                              |  |  |
|                       | Also Known As (Alias Names)  |          |                                 |                |   |                         |                       | <u>Į</u>                        | Hgt <b>5'04</b>                         |                        | Wgt<br>1 <b>15</b>          |   | air   | Eyes Sk                      |           |                           | kin Tone   Consumed Drug/ |                              |  |  |
|                       | Scars, Marks, Tattoos  |          |                                 |                |   |                         |                       | Social Secur                    |   |                        |                             | N and St                                      |   |                              |           | Misc. # and Type          |                           | LI NO LA UNK                 |  |  |
|                       | Т  | ATT      | LEFT HAN                        |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       |  | Relative |                                 |                | Address                                 |                         |                       |                                 |   |                        |                             | !   | Phone   |                              |           |                           |                           |                              |  |  |
|                       |  |          | FRANK of Weapon                 |                |   | YANCEY ROAD, MARION, NO |                       |                                 |   |                        |                             | 828-460-5487                                  |   |                              |           |                           |                           |                              |  |  |
| A I I N E F O T       | ТОИ  | APF      | PLICABLE/                       | rimina<br>Cita | I Summons ation                         | Warrant 20              |                       |                                 | 201 S GREEN ST, MORGANTON               |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       | Charge #1 Fail To Appear/ Failure To Comply  |          |                                 |                |   |                         |                       | Counts                          |   |                        |                             | ense Jurisdiction (if not arresting agency)   |   |                              |           | Statute # <b>15A-305</b>  |                           | Warr. Date                   |  |  |
|                       | Charge #2  |          |                                 |                |   |                         | 1                     | Counts                          | DCI Code                                | BURKE<br>Offense Juris |                             |   | tion (if no                                   | t arresting                  | agency)   |                           |                           | <b>09/09/2014</b> Warr. Date |  |  |
|                       | Charge   | #3       |                                 |                |   | ☐ Misd                  | (                     | Counts                          | DCI Code                                |                        | Offense Jurisdiction (if no |   |   | t arresting                  | agency)   | Statute #                 |                           | Warr. Date                   |  |  |
|                       |  |          |                                 |                |   | ☐ Fel ☐ Misd            |                       |                                 |   |                        |                             |   |   |                              | • .,      |                           |                           |                              |  |  |
| V N<br>E F<br>H O     | VYR Make Model   |          |                                 | ;              | Style                                   |                         | Color                 | Plate #/State                   | 9                                       | VIN                    |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       | Vehicle  |          | ☐ Left at Scene☐ Released to ot |                | Secured request                         | ☐ Unse                  |                       | her_                            | Date/Time_                              |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       |  |          | Impounded                       | ☐ Place of     |   |                         |                       |                                 |   |                        |                             |   |   |                              |           | Inventory                 | on File?                  |                              |  |  |
| COBFOND NE            | Date/Time Confined Place Confined Place Confined BURKE/CATAW   |          |                                 |                |   |                         |                       | Committing Magistrate ALAN COBB |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       | Type Bond Bond Amount ☐ Written Promise ☐ Unsecured  |          |                                 |                |   |                         |                       | Trial Date                      |   |                        | Court Of City               |   |   |                              |           |                           |                           |                              |  |  |
|                       | Secured No Bond Other \$5,000 Assisting Officer Name/ID #  |          |                                 |                |   |                         | .00                   |                                 | 014 14:00 Di  By (Name/Department/ID #) |                        |                             |   |   | MORGANTON Date/Time Released |           |                           |                           |                              |  |  |
| D                     | 7.00104111   | 9 000.   |                                 |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                         |                       |                                 |   |                        |                             |   |   | . 10.0000                    |           |                           |                           |                              |  |  |
| Status<br>Codes       | L - Los  | t S-     | Stolen R - R                    | ecovered       | D - Dama                                | ged Z - Seiz            | ed                    | B - Burned                      | C - Counte                              | erfeit /               | Forged                      | F-  | Found   |                              |           |                           |                           |                              |  |  |
| D A                   | DCI Status Quantity Type Measu   |          |                                 |                |   |                         | Suspected             | ed Type                         |   |                        | F                           | Posses  |   | <del></del>                  |           | of activity for Importing | Operating                 |                              |  |  |
|                       |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             | F05565  | s buy   | Sale                         | Mfg.      | importing                 | Operating                 |                              |  |  |
|                       |  |          |                                 |                | -                                       |                         |                       |                                 |   |                        |                             |   |   |                              |           | <u> </u>                  |                           |                              |  |  |
| D R AR U G S T        |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
| ST                    |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           | 1                         |                           |                              |  |  |
|                       |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           | <u> </u>                  |                           |                              |  |  |
| C<br>O<br>M<br>P      | Name:  | Comp     | olainant 🍱                      | Victim         |   |                         |                       | Addres                          | 5                                       |                        |                             |   |   |                              |           | Pr                        | ione:                     |                              |  |  |
| N                     |  |          | bove date                       |                | -                                       |                         | _                     |                                 |   |                        |                             |   |   |                              |           |                           |                           | _                            |  |  |
| A<br>R<br>R           |  |          | r, 14CR05                       | 2248.          | She w                                   | as given                | al:                   | l prope                         | r paperv                                | vork                   | an an                       | d ad  | vised   | l of h                       | ner b     | ond a                     | nd her                    | next                         |  |  |
| Ä                     | court date.  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
| i                     |  |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
| E                     | A == ·   | ~ O#:-:  | Cianatur- #D #                  |                |   |                         | D-1                   | /Time Out                       | a Culturalitand                         |                        |                             |   | Construction Circular                         |                              |           |                           |                           |                              |  |  |
| S<br>T                | Arresting Officer Signature/ID #  NUTT, B. R. (B1042)  |          |                                 |                |   |                         |                       | e/Time Submi<br><b>09/09</b>    | tted<br>/2014 15:                       |                        |                             |   |   | Supervisor Signature         |           |                           |                           |                              |  |  |
| A<br>T                | Case Status: Case Disposition:   |          |                                 |                |   |                         |                       |                                 |   | Arrestee Signature     |                             |   |   |                              |           |                           |                           |                              |  |  |
| U<br>S                | ☐ Further Inv. ☐ Cleared By Arrest / No Supplement ☐ Inactive ☐ ☐ Cleared By Arrest / No Investigation |          |                                 |                |   |                         | t Need                | led                             |   |                        |                             |   |   |                              |           |                           |                           |                              |  |  |
|                       | DCL coop   |          |                                 |                |   |                         |                       |                                 |   |                        |                             |   | D 0/0   |                              |           |                           |                           |                              |  |  |

DCI-608F Rev. 3/92