ARREST REPORT

A	Agency Name							ORI	Date/Time Arrested					OCA					
G I E N N F	BURKE COUNTY SHERIFF'S OFFICE							0120000		08/04/2014 10:00				201403128					
COL	Taken Fingerprint Card Check Digit # (CKN) Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract		Residence Tract				Arrest Number					
Y	Photos XQ1846N Name (Last, First, Middle)							F D.O.		Age Race			Sex	106132 Sex Place of				Country of	
	LILLY, DEVIN RAYSEAN							12/24/199				B M			riace	US			
A	Current Address								Phone 919-931-33	Occupation				Resident Unknown					
R R I	521 South Lumbard St, CLAYTON, NC 2752 Employer's Name							Address	89					Non-Resident Phone					
EN	Limploy	or o radin	•					/ tadicoo									1 110110		
E N S F T O E	Also Known As (Alias Names)							,	Hgt 5'06	Wgt 210	- I			Eyes BRO	- 1	Skin Tone Consumed Drug/Alcoho			
E	Scars, Marks, Tattoos							Social Secur	ity#	OLN and S		State	ate N			Misc. # and Type			
	TATT LOWR ARM / NCEKLACE WITH																		
	Nearest Relative Name							Address		<u> </u>					•	Phone			
	If Armed	Type o	f Weapon			minal Summons Place of Arre													
A I N E F O T								tation	150 GOVERNMENT DR, I						MORGANTON				
	Charge #1							Counts	DCI Code					rresting a			tatute #	Warr. Date	
	inalicious colludet by i lisolici					☐ Misd	1		0890							14-	04/09/2014		
	Charge #2					☐ Fel ☐ Misd		Counts	DCI Code	Offense Jurisdict			tion (if not arresting agency)				tatute #	Warr. Date	
	Charge #3					☐ Fel		Counts	DCI Code Offense Juri			risdiction (if not arresting agency)				Statute #		Warr. Date	
	NACE THE STATE OF					Misd													
V N E F H 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																		
			☐ Released to oth☐ Impounded	Place of	•	☐ Name	e or O	tner								Inventory	on File?		
CONFINED		ne Confi				Committing Magistrate													
	08/04/2014 11:30:00 BCDCF Type Bond Bond Amount							Trial Date	10	LYNN WEBB Court Of City									
	☐ Written Promise ☐ Unsecured						\$10,000.00 09/22/2014 00:00			Superior Court					MORGANTON				
	☐ Secured ☐ No Bond ☐ Other Assisting Officer Name/ID #								d By (Name/Department/ID #)			Date				ate/Time Released			
Status	L - Los		Stolen R - Re	ecovered	D - Damag		rod	P. Burnad	C Countari	foit / Fora	od [F - Fou	ınd						
Codes	L - LUS	. 3-	OLUIEII K-K	covered	D - Damaç	geu 2 - 3eiz	d Z - Seized B - Burned C - Counterfeit						unu	Ch	eck un to			each	
	DCI Status Quantity Type M															3 types o	of activity for e		
	DCI	Status	Quantity	Type M	leasure			Suspected	Туре			Po	ossess	Buy	Sale	3 types o	Importing	Operating	
	DCI	Status	Quantity	Туре М	leasure			Suspected	Туре			Po	ossess				-		
D A	DCI	Status	Quantity	Туре М	leasure			Suspected	Туре			Po	ossess				-		
D A R A U T F	DCI	Status	Quantity	Type M	leasure			Suspected	Туре			Po	ossess				-		
D R R U G S T	DCI	Status	Quantity	Type M	leasure			Suspected	Туре			Po	ossess				-		
D A R A R U T S T	DCI	Status	Quantity	Type N	leasure			Suspected	Туре			Po	ossess				-		
D AR ARE UTS	DCI	Status	Quantity	Type N	leasure			Suspected	Туре			Po	ossess				-		
D A R A R R U G S T	DCI	Status	Quantity	Type M	leasure			Suspected	Туре			Po	ossess				-		
R AR B C C C C	DCI Name:			Type M	leasure			Suspected				Po	ossess			Mfg.	-		
RREST COMP	Name:	Comp	lainant□	Victim		ON LIGHT	ED	Address	5			Po	ossess			Mfg.	Importing		
RREST COMP NA	Name:	Comp		Victim		ON LIST	ED	Address	5			Po	ossess			Mfg.	Importing		
RREEST COMP NARR	Name:	Comp	lainant□	Victim		ON LIST	ED	Address	5			Pc	ossess			Mfg.	Importing		
RREST COMP NARRAT	Name:	Comp	lainant□	Victim		ON LIST	ED	Address	5			Pc	ossess			Mfg.	Importing		
RREST COMP NARRA	Name:	Comp	lainant□	Victim		ON LIST	ED	Address	5			Pc	ossess			Mfg.	Importing		
RREST COMP NARRATIVE S	Name:	Comp PHIS	lainant□ DATE ARRE Signature/ID #	Victim□	BJECT	ON LIST		Addres: CHARGE .	S		_ I _ '	perviso	or Signa	Buy	Sale	Mfg.	Importing		
RREEST COMP NARRATIVE STA	Name:	Comp CHIS	lainant□	Victim□ STED SU	6780)	ON LIST		Addres: CHARGE .	tted /2014 10:		_ I _ '	perviso	or Signa	Buy	Sale	Mfg.	Importing		
RREST COMP NARRATIVE ST	Name: ON 1	Comp CHIS	lainant□ DATE ARRE Signature/ID #	Victim STED SU	6780)	ON LIST	Dat	Address CHARGE . e/Time Submi 08/04	S		_ I _ '	perviso	or Signa	Buy	Sale	Mfg.	Importing		

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