

## 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>06/24/2014 21:31</b>		OCA <b>201402528</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>HB9726B</b>	Arrest Tract <b>E</b>		Residence Tract <b>D</b>		Arrest Number <b>105094</b>					
A R R E S T E E	Name (Last, First, Middle) <b>COBB, DAVID ALEXANDER</b>			D.O.B. <b>11/07/1990</b>	Age <b>23</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>BURKE CO., NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>1028 Watermill Rd, MORGANTON, NC 28655</b>			Phone <b>828-437-0996</b>		Occupation <b>Laboror</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>PATRIOT FLOORING</b>			Address <b>MORGANTON, NC</b>			Phone <b>828- -</b>					
	Also Known As (Alias Names)			Hgt <b>6'03</b>	Wgt <b>215</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RGT CHEST / SUN; TATT UPP BACK</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>COBB, LINDSAY</b>			Address <b>212 CARBONDALE ST, MORGANTON, NC</b>			Phone <b>828-448-0395</b>					
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>4248 SCOTT RD, MORGANTON</b>							
	Charge #1 <b>B&amp;e Felony/ Forced</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0510</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-54A/F</b>	Warr. Date <b>06/24/2014</b>				
	Charge #2 <b>Larceny After B E</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72(B)(2)</b>	Warr. Date <b>06/24/2014</b>				
	Charge #3 <b>Poss Stolen Goods</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1330</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-71.1</b>	Warr. Date <b>06/24/2014</b>				
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>06/24/2014 15:24:00</b>		Place Confined <b>BCDCF</b>		Committing Magistrate <b>LYNN WEBB</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>\$20,000.00</b>	Trial Date <b>06/25/2014 09:00</b>		Court Of <b>District</b>		City <b>MORGANTON</b>					
	Assisting Officer Name/ID # <b>0</b>		Released By (Name/Department/ID #) <b>TOWNSEND, J. P.</b>				Date/Time Released <b>06/24/2014 15:24:09</b>					
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:				
	<b>Cobb was served a warrant for arrest. Cobb was advised of charges, bond, and court information.</b>											
S T A T U S	Arresting Officer Signature/ID # <b>TOWNSEND, J. P. (T4199)</b>			Date/Time Submitted <b>//</b>		Supervisor Signature <b>KISER, D. W.</b>						
	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							