

## 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>08/28/2014 22:28</b>		OCA <b>201403498</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>E</b>		Residence Tract <b>C</b>		Arrest Number <b>106881</b>					
A R R E S T E E	Name (Last, First, Middle) <b>BOWMAN, ROBBIE ALLEN</b>			D.O.B. <b>05/08/1983</b>		Age <b>31</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>2321 Goodman Lake Rd, MORGANTON, NC 28655</b>			Phone <b>828-413-0191</b>		Occupation <b>Construction</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone <b>828-368-0531</b>					
	Also Known As (Alias Names) <b>BOWMAN, ROBBIE ALLEN</b>			Hgt <b>5'07</b>	Wgt <b>165</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT UPPR BACK / ANGEL; TATT UPPL</b>			Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name <b>WINKLER, MARY</b>			Address <b>1165 CONLEY RD, MORGANTON, NC</b>				Phone <b>828-729-5268</b>					
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>148 GOVERNMENT DR, MORGANTON</b>								
	Charge #1 <b>Fail To Appear/ Failure To Comply</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>2</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>	Warr. Date <b>08/19/2014</b>				
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
	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>08/28/2014 23:00:00</b>		Place Confined <b>BURKE CATAWBA</b>			Committing Magistrate <b>ERIC DUCKWORTH</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>\$12,000.00</b>		Trial Date <b>09/09/2014 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:				
	On 08-28-2014, I responded to Burke Catawba Detention Facility to take into custody, Robbie Bowman, to serve an order for arrest. The subject was taken to the Burke County Magistrate's Office and advised of the charges, date, time and location to appear in court. The subject was then taken and confined at the Burke Catawba Detention Facility on a \$12,000.00 secured bond.												
S T A T U S	Arresting Officer Signature/ID # <b>MCMURTRAY, W. O. (M4481)</b>			Date/Time Submitted <b>08/28/2014 22:28</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							