

## 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>06/27/2014 03:25</b>		OCA <b>201402558</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>M</b>		Residence Tract <b>M</b>		Arrest Number <b>105197</b>				
A R R E S T E E	Name (Last, First, Middle) <b>MCDANIEL, BRANDY LEIGH</b>			D.O.B. <b>03/17/1997</b>		Age <b>17</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>MORGANTON, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>418 Catawba St, GLEN ALPINE, NC 28655</b>			Phone <b>828-303-6187</b>		Occupation <b>Unemployed</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address <b>N/A</b>				Phone				
	Also Known As (Alias Names)			Hgt <b>5'06</b>	Wgt <b>160</b>	Hair <b>BLK</b>	Eyes <b>GRE</b>	Skin Tone <b>FAIR</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RGT HAND / DRM; TATT LEFT HAND /</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>MCDANIELS, DELORES</b>			Address <b>418 CATAWBA ST, MORGANTON, NC 28655</b>				Phone <b>828-334-1441</b>				
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>			<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest <b>5473 MILLER MILL RD, HICKORY</b>					
A R R E S T	Charge #1 <b>Underage Poss/consume Of Alc Bev. &lt;19 Yrs Old</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2230</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>18B-302(B)</b>	Warr. Date <b>06/27/2014</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>06/27/2014 03:55:00</b>		Place Confined <b>BURKE/CATAWBA JAIL</b>			Committing Magistrate <b>DAVID WHITESIDES</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>\$1,000.00</b>		Trial Date <b>08/19/2014 09:00</b>		Court Of <b>District</b>		City <b>MORGANTON</b>			
S T A T U S	Assisting Officer Name/ID # <b>GRAGG, J. M. 2</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 checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	I served Magistrate's Order to Brandy McDaniel at the Burke County Magistrate's Office. I advised Ms. McDaniel of her court date and bond, and confined her into the Burke/Catawba Jail.											
S T A T U S	Arresting Officer Signature/ID # <b>ANDERSON, D. T. (A2564)</b>			Date/Time Submitted <b>06/27/2014 03:25</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 checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation			Arrestee Signature						