

ARREST REPORT

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|--------------------------------------|---|--|--------------------------------------|---|---|--|---|-----------------------------|--|--|--|-------------------------------|--|---------------------------------|---|--|------|--|------|--|-----------|--|-----------|--|
| A G E N C Y | Agency Name BURKE COUNTY SHERIFF'S OFFICE | | | ORI 0120000 | | Date/Time Arrested 08/18/2014 11:45 | | OCA 201403336 | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | | Fingerprint Card Check Digit # (CKN) | | Arrest Tract F | | Residence Tract C | | Arrest Number 106529 | | | | | | | | | | | | | | | |
| A R R E S T E E | Name (Last, First, Middle) BOWMAN, CAROLYN SOULEYRETTE | | | | D.O.B. 07/31/1984 | | Age 30 | | Race W | | Sex F | | Place of Birth | | Country of Citizenship US | | | | | | | | | |
| | Current Address 2321 Goodman Lake Road, MORGANTON, NC 28655 | | | | Phone 828-334-9447 | | | | Occupation | | | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | | | | | | | | | | |
| | Employer's Name UNEMPLOYED | | | | Address | | | | Phone | | | | | | | | | | | | | | | |
| | Also Known As (Alias Names) BOWMAN, CAROLYN | | | | Hgt 5'05 | | Wgt 137 | | Hair BRO | | Eyes BLU | | Skin Tone | | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | | | |
| | Scars, Marks, Tattoos | | | | Social Security # | | | | OLN and State | | | | Misc. # and Type | | | | | | | | | | | |
| | Nearest Relative Name | | | | Address | | | | Phone | | | | | | | | | | | | | | | |
| A R R E S T | If Armed, Type of Weapon NOT APPLICABLE/NONE | | | <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 201 S GREEN ST, MORGANTON | | | | | | | | | | | | | | | | | |
| | Charge #1 Trespass-second Degree | | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | | Counts 1 | | DCI Code 2670 | | Offense Jurisdiction (if not arresting agency) | | Statute # 14-159.13 | | Warr. Date 08/13/2014 | | | | | | | | | | |
| | 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 | | | Place Confined | | | | | Committing Magistrate DAVID WHITESIDES | | | | | | | | | | | | | | | |
| | Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other | | | Bond Amount \$0.00 | | Trial Date | | Court Of District | | City MORGANTON | | | | | | | | | | | | | | |
| | Assisting Officer Name/ID # 0 | | | | | Released By (Name/Department/ID #) HASSON, R. E. | | | | | Date/Time Released 08/18/2014 11:50:00 | | | | | | | | | | | | | |
| 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 | |
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| C O M P | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address | | | | | | | | Phone: | | | | | | | | | | | |
| | ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE. WRITTEN PROMISE | | | | | | | | | | | | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # HASSON, R. E. (H6780) | | | | Date/Time Submitted 08/18/2014 11:45 | | | | Supervisor Signature MCKINNEY, D. T. | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | |