

## 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>07/02/2014 22:00</b>		OCA <b>201402656</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>E</b>		Arrest Number <b>105449</b>				
A R R E S T E E	Name (Last, First, Middle) <b>ROACH, NICOLE MICHELLE</b>			D.O.B. <b>09/02/1975</b>		Age <b>38</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>OLATHE, KS</b>	Country of Citizenship <b>US</b>		
	Current Address <b>4075 Cobb St, MORGANTON, NC 28655</b>			Phone <b>269-993-8859</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 <b>828- -</b>				
	Also Known As (Alias Names) <b>CHAPMAN, NICOLE</b>			Hgt <b>5'08</b>	Wgt <b>200</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>FAIR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT RIGH RIB CAGE / TRIBAL; TATT</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>ROACH, DONNA</b>			Address <b>4209 PILSON RD, CAMERON, NC 28326</b>				Phone <b>919-895-8030</b>				
	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>1492 KENNEDY DR, MORGANTON</b>						
A R R E S T	Charge #1 <b>Assault Inflicting Serious Injury Or With Deadly Weapon</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(1)</b>	Warr. Date <b>07/02/2014</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>07/02/2014 22:45:00</b>		Place Confined <b>BURKE CATAWBA</b>			Committing Magistrate <b>LYNN WEBB</b>						
	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 <b>\$0.00</b>		Trial Date <b>08/20/2014 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 checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	I served the defendant with 14CR051773. I advised the defendant of her charge, and explained that she will be placed on a 48 hour hold, or until she could go before a district court judge for a bond set. The defendant was then transported to Burke Catawba.											
S T A T U S	Arresting Officer Signature/ID # <b>HAMBY, T. C. (H2505)</b>			Date/Time Submitted <b>07/03/2014 03:00</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						