

ARREST REPORT

A G E N C Y	Agency Name BUNCOMBE COUNTY SHERIFF'S OFFICE		ORI 0110000		Date/Time Arrested 08/07/2013 00:51		OCA See Charges	
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 6741DSC		Arrest Tract APD		Residence Tract		Arrest Number 451437
A R R E S T E E	Name (Last, First, Middle) TURNER, ELIZABETH AUSLEY			D.O.B. 12/23/1955		Age 57	Race W	Sex F
	Place of Birth DUNN, NC			Country of Citizenship US				
	Current Address 12 City Homes Pl, ASHEVILLE, NC 28806			Phone 704-252-1199		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name			Address			Phone	
	Also Known As (Alias Names)			Hgt 5'00	Wgt 140	Hair BLO	Eyes HAZ	Skin Tone MED
	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
A R R E S T	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name CUNNING, RUSSELL			Address			Phone 828-301-5009	
	If Armed, Type of Weapon UNKNOWN/NOT STATED			<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 509 BILTMORE AVE, ASHEVILLE		
	Charge #1 Trespass-2nd Degree			<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts 1	DCI Code 2670	Offense Jurisdiction (if not arresting agency)
	Charge #2			<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts	DCI Code	Offense Jurisdiction (if not arresting agency)
	Charge #3			<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts	DCI Code	Offense Jurisdiction (if not arresting agency)
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		
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date		Court Of City	
	Assisting Officer Name/ID # 0			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:	
	NARRATIVE							
S T A T U S	Arresting Officer Signature/ID # FORE, J. A. (B1353)			Date/Time Submitted 08/07/2013 00:51			Supervisor Signature	
	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		