

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 08/29/2014 11:00		OCA 201403505	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract F		Residence Tract N		Arrest Number 106889
A R R E S T E E	Name (Last, First, Middle) SHOOK, BRIAN EDWARD			D.O.B. 10/01/1989		Age 24	Race W	Sex M
	Current Address 3071 Texs Fish Camp Rd, CONNELLY SPRINGS, NC			Phone 828-855-6601		Occupation Laborer		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident
	Employer's Name VALDESE HOSPITAL			Address 720 MALCOLM BLVD			Phone 828-580-2251	
	Also Known As (Alias Names)			Hgt 5'07	Wgt 160	Hair BRO	Eyes HAZ	Skin Tone FAIR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TATT RGT ARM / HALF SLEEVE TATTOO			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 Fail To Appear/ Failure To Comply		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (if not arresting agency)		Statute # 15A-305 Warr. Date 05/12/2014
	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 R.A. CLARK		
	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 \$1,000.00		Trial Date 09/08/2014 00:00		Court Of District City MORGANTON	
	Assisting Officer Name/ID # 0			Released By (Name/Department/ID #) HASSON, R. E.			Date/Time Released 08/29/2014 11:15:00	
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
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE. BOND POSTED AT LOCATION							
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 08/29/2014 11:00		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			