## **ARREST REPORT**

A	Agency Name										Pate/Time Arrested				OCA .				
G I E N N F	BURKE COUNTY SHERIFF`S OFFICE  Taken Fingerprint Card Check Digit # (CKN)						4	0120 Arrest Tract	0000	08/20/201  Residence Trace						<b>201403365</b> rest Number			
ÇÖ	C O ☐ Prints ☐ Photos							D D	D						106640				
A RR E S T O E E	Name (Last, First, Middle)  MORGAN, DEBORAH LYNN							1	D.O.B.	BURBAN						of Birth	CA US	Country of Citizenship	
	3255 Dierdorf Ln, MORGANTON, NC 28655								Phone <b>828-390-0247</b>				Occupation Crafts				esident on-Resident	Unknown	
	Employer's Name SELF EMPLOYED							Address	DIERDORF LN						Phone <b>828-252-5551</b>				
	Also Known As (Alias Names)								5'02		Wgt Hair 193 BRO		0	Eyes BLU	U MEI		D ☐ Yes ☐ No 🔼 Unl		
	Scars, Marks, Tattoos  SCAR BACK							Social Security		OLN and State				Misc. # and Type					
	Nearest Relative Name  MORGAN, VIRGINIA							Address 3965 PAX HILL F				L RD, MORGANTON, NC				Phone <b>828-437-5125</b>			
A I N E F O T	If A mand Time of Manage							l Summons		Place of Arrest									
							Cita				3255 DIERDORF LN, MC Offense Jurisdiction (if not arresting agence)								
	Charge #1 Fail To Appear/ Failure To Comply    State					1	Counts	DCI Code <b>2690</b>	Offense Jur			•		• .,	Statute # <b>15A-305</b>		Warr. Date <b>08/15/2014</b>		
					☐ Fel ☐ Misd	(	Counts	DCI Code	Offe	ense J	urisdict	ion (if not	arresting	agency)	Statute #		Warr. Date		
	Charge #3					☐ Fel ☐ Misd	C	Counts	DCI Code	Offe	Offense Jurisdiction (if not arre				agency)	gency) Statute # W			
V E F	VYR	Ma	ake	Model	(	Style		Color	Plate #/State				VIN						
	Vehicle		☐ Left at Scene☐ Released to ot		Secured request	☐ Unse	cure e of Oth	her	Date/Time										
			Impounded	☐ Place of												Inventory	on File?		
C O N B	Date/Time Confined   Place Confined							Committing Magistrate CSC AL JEAN BOGLE											
0_	08/2	0/2014	4 00.00.00			<b>U</b> .									O E / 11 1	DOGL			
F O	Type Bo	ond Written Pr	romise 🔲 Unse		Bond Am		.00	Trial Date <b>09/26/20</b>	14 09:00		Cour	rt Of Strict				City  NEWT			
F O	Type Bo	ond Written Pr Secured				nount	.00	09/26/20	<b>14 09:00</b> By (Name/Depa	rtment/II	Dis					City	ON		
F O I N D E D	Type Bo	ond Written Pr Secured ng Officer	romise			\$1,000.	ļ	09/26/20			Dis	strict				City <b>NEWT</b>	ON		
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