

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE			ORI 0120000		Date/Time Arrested 06/16/2014 14:18		OCA 201402402					
	<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 104931				
A R R E S T E E	Name (Last, First, Middle) WEAVER, DERRICK LEON				D.O.B. 05/31/1965		Age 49	Race B	Sex M	Place of Birth CATAWBA COUNTY, NC		Country of Citizenship US	
	Current Address 543 11th St Sw, 30, HICKORY, NC 28601				Phone 828-640-1245		Occupation Unemployed		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Employer's Name DISABLED/UNEMPLOYED				Address				Phone				
	Also Known As (Alias Names)				Hgt 5'06	Wgt 185	Hair BLK	Eyes BRO	Skin Tone DARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos SCAR RGT FOREARM / ARMY WOUND;				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name WEAVER,PAMELA				Address 1017 10TH ST, HICKORY, NC 28601				Phone 828-640-1245				
	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 150 GOVERNMENT DR, MORGANTON						
A R R E S T	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) CATAWBA		Statute # 15A-305		Warr. Date 06/06/2000			
	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 06/16/2014 14:40:00		Place Confined BCDCF				Committing Magistrate DAVID WHITESIDES						
	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 07/11/2014 00:00		Court Of District		City NEWTON				
	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:				
	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE.												
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)				Date/Time Submitted 06/16/2014 14:18			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							