ARREST REPORT

Α.	Agency Name								ORI			Date/Time Arrested					OCA			
G I E N N F	BURKE COUNTY SHERIFF'S OFFICE							012	20000	06	6/25/	2014	03:38 2			201402531				
N F C O	Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract		Resid		esidence Tract			Arrest Number					
Ϋ́	☐ Photos														10510	03				
4 RR EST EE	Name (Last, First, Middle)								D.O.B.		Age Race				Place	of Birth		Country of Citizenship		
	GRANT, GAIL DEAN								08/28/1957 56			W	F				us	•		
	Current Address								Phone				Occupati	on		□ Re	sident	Unknown		
	529°	1 Nev	v Haven Ci	5	828-584-6413				☐ Non-Resident				_							
		er's Nam		Addres	ss		-				Phone									
		ABLE own As ((Alias Names)			Hgt		Wgt Hair		air	Eyes		Skin Tone Consumed		I Drug/Alcohol					
		,	(,			5'04	-		1	WHI GRE			FAIR	☑ No ☐ Unk						
	Scars, N	Marks, Ta	attoos		Social Secu	rity #		OLN and State		tate	ə		Misc. # and Type							
		Relative			Address								Phone							
			/ICHAEL				15 SHORT STREET, CANDLER, NC 28715 828-582-5313													
A I N E S T			of Weapon		al Summons tation		Place of Arrest													
	Charge #1							Counts	Warrant DCI Code		5291 NEW HAVEN CIR, MORGANTON Offense Jurisdiction (if not arresting agency) Statute # Warr. Di						Warr. Date			
	Communicate Threats								0820	20						14-	06/07/2014			
	Charge #2							Counts	DCI Code	-		Jurisdic	tion (if no	arresting	agency)	S	Warr. Date			
	Stalking Light Fel 2 Misd								0820						14-277.3 06/		06/07/2014			
	Charge	#3				☐ Fel	Counts		DCI Code		Offense Jurisdiction (if			f not arresting agency)			tatute #	Warr. Date		
						☐ Misd														
NEHO NEFO	VYR	Ma	ake	Model		Style		Color	Plate #/Stat	te			VIN					•		
	Vehicle	Щ,																		
	Vehicle 1. ☐ Left at Scene ☐ Secured ☐ Unsecure Date/Time 2. ☐ Released to other at owners request ☐ Name of Other																			
	3. Impounded Place of storage Inventory on File?																			
007F-ZED	Date/Tir	me Confi	ined		Place C	Confined		Committing Magistrate												
	Type Bond Bond Amount							Trial Date				ourt Of				City				
	☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☑ Other \$0.							07/23/2	2014 00:00		D	istric	t	MORGANTON						
	Assisting Officer Name/ID #								By (Name/Department/ID #)		<i>E</i>)			0	Date/Time Released					
Status	U NAMBT, 1. C. 00/25/2014 0													0:00:00						
Codes	L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found Check up to 3 types of activity for each															h				
D A	DCI Status Quantity Type Measure						Suspected Type				ре				Sale	Mfg.	Importing			
											Posses			9		- Presuming				
RAR																				
R ARE S T																				
, i																				
		 																		
С	Name:	Comp	L olainant□		Address								l Pr	one:						
C O M			_	Victim																
P N	On the date and time listed I served 14CR051499 and 14CR051500 on the defendant. I advised the															tho				
A R	-		iate and that it is a second of the second o				_			-										
R A			ceiving a																	
Ť																				
V E																				
s	Arrestin	g Officer	Signature/ID#		Date	ate/Time Submitted			Supervisor Signature											
T A	HAMBY, T. C. (H2505)								//		KILLIAN, H. D.									
Ť	Case Status: Case Disposition:						· Non	dod	Arrestee	Arrestee Signature										
S	☐ Further Inv. ☐ Cleared By Arrest / No Supplemer ☐ Inactive ☐ Closed ☐ Arrest / No Investigation						Need	nea												
	DCI co	0.5																D 0/0		

DCI-608F Rev. 3/92