

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 08/07/2014 15:52		OCA 201403193	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract E		Residence Tract N		Arrest Number 106241
A R R E S T E E	Name (Last, First, Middle) CLEMONS, TIMOTHY ALAN			D.O.B. 06/05/1984		Age 30	Race W	Sex M
	Current Address 2349 Liberty Church Rd, L 9, HICKORY, NC 28601			Phone 828-212-0579		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name UNEMPLOYED			Address			Phone	
	Also Known As (Alias Names)			Hgt 5'08	Wgt 180	Hair BRO	Eyes BRO	Skin Tone FAIR Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TATT RGT ARM / HAILEY; TATT LEFT ARM			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 type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 201 S GREEN ST, MORGANTON			
	Charge #1 Communicate Threats		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0820	Offense Jurisdiction (if not arresting agency)		Statute # 14-277.1
	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 08/07/2014 16:20:00		Place Confined BCDCF			Committing Magistrate R.A. CLARK		
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Bond Amount \$0.00	Trial Date 08/25/2014 00:00		Court Of District		
	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 checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE. 48 HR HOLD							
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 08/07/2014 15:52		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			