

## ARREST REPORT

A G E N C Y	Agency Name <b>BURKE COUNTY SHERIFF'S OFFICE</b>				ORI <b>0120000</b>		Date/Time Arrested <b>09/13/2014 15:57</b>		OCA <b>201403729</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>F</b>		Residence Tract <b>F</b>		Arrest Number <b>107285</b>				
A R R E S T E E	Name (Last, First, Middle) <b>REEVES, DAVID RICHARD</b>				D.O.B. <b>12/29/1968</b>		Age <b>45</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>BURKE CO., NC</b>		Country of Citizenship <b>US</b>	
	Current Address <b>2632 Admore Heights Dr, VALDESE, NC 28690</b>				Phone <b>828-437-7995</b>		Occupation <b>Unemployed</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown		
	Employer's Name <b>UNEMPLOYED</b>				Address				Phone				
	Also Known As (Alias Names) <b>REEVES, RICHARD</b>				Hgt <b>5'07</b>	Wgt <b>135</b>	Hair <b>BLO</b>	Eyes <b>HAZ</b>	Skin Tone <b>FAIR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT NECK; TATT RIGH ARM; TATT</b>				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>REEVES, ROSA</b>				Address <b>2632 ADMORE HEIGHTS DR., DREXEL, NC</b>				Phone <b>828-437-7995</b>				
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>2632 ADMORE HEIGHTS DR, VALDESE</b>								
	Charge #1 <b>Domestic Violence Violation Of Protect Order</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>50B-4.1(A)</b>		Warr. Date <b>09/13/2014</b>			
	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 <b>09/13/2014 17:45:00</b>		Place Confined <b>BURKE CATAWBA JAIL</b>				Committing Magistrate <b>LYNN WEBB</b>						
	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 <b>\$0.00</b>		Trial Date <b>10/21/2014 09:00</b>		Court Of <b>District</b>		City <b>MORGANTON</b>				
	Assisting Officer Name/ID # <b>0</b>				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 THE DATE, TIME AND LOCATION LISTED I ARRESTED DAVID REEVES FOR VIOLATING A VALID DOMESTIC VIOLENCE PROTECTION ORDER (14CVD285) IN MY PRESENCE. MAGISTRATE WEBB ISSUED THE WARRANT AND I ADVISED REEVES OF HIS CHARGE, COURT DATE AND BOND INFORMATION BY READING THE WARRANT TO HIM AND BY GIVING HIM A COPY.												
S T A T U S	Arresting Officer Signature/ID # <b>STRAUSS, D. T. (S9463)</b>				Date/Time Submitted <b>09/13/2014 15:57</b>			Supervisor Signature <b>MCKINNEY, D. T.</b>					
	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							