ARREST REPORT

A	Agency Name								ORI				ted							
A I E N	BURKE COUNTY SHERIFF'S OFFICE								20000	_	07/30/2014						01403074			
C O	Taken Fingerprint Card Check Digit # (CKN)							Arrest Tract		Residence Tract										
Y	Photos							<u>E</u>	D.O.E	\perp	E	LB		0		10601				
A R R E S T E E	Name (Last, First, Middle) NORMAN, ANGEL GAIL								07/06/1		Age 30	MORGANTON							Country of Citizenship	
		Address		^FF	Phone				•	Occupation Resident						Unknown				
	5550 White Oaks Dr, MORGANTON, NC 2865 Employer's Name								5 828-391-4971 Address					Unemployed				Non-Resident Phone		
			OYED																	
	Also Known As (Alias Names)							•	5'0		· ·		Hair 3R (1 ' 1			FAIR Consumed Drug/A		_	
	Scars, Marks, Tattoos								rity #		0	OLN and State		e M		Misc. # and Type				
			TT LOW E																	
		Relative			Addres									71						
			J,JIMMY of Weapon		rimino	5550 WHITE OAKS DR, MORGANTON, NC 828-391-4971 Place of Arrest														
A I N E O T	L OII-VIE								Warrant 55			5550 WHITE OAKS DR, MORGANTON								
	Charge #1 Probation Violation					☐ Fel	-	Counts	DCI Co	DCI Code		Offense Jurisdiction (if not arresting agency) Statute #						Warr. Date		
						☑ Misd	1		2660	2660							15A-3	805(B)(4	07/29/2014	
	Charge #2					☐ Fel ☐ Misd		Counts DC		de	Offens	se Juris	dictio	liction (if not arresting agency)				tatute #	Warr. Date	
	Charge #3					☐ Fel ☐ Misd		Counts	DCI Co	de	Offense Jurisdiction (if not arresting age						cy) Statute # Warr.			
> E F O	VYR Make Mo			Model	odel Style			Color	Plate #/\$	Plate #/State			VIN							
	Vehicle		☐ Left at Scene☐ Released to o		Secured request	Unse		ther	Date/Tir	ne										
_	Data/Ti		Impounded	☐ Place of		Santing d								I Com	maittin a N	lo sistuate	Inventory	on File?		
Z-4XOO	Date/Time Confined														Committing Magistrate ALAN COBB					
	Type Bond Bond Amount Written Promise Unsecured							Trial Date		Court Of City										
	☐ Written Promise ☐ Unsecured ☐X Secured ☐ No Bond ☐ Other					\$5,000	\$5,000.00 08/13/2			014 00:00 Dist			rict MORGANTON							
N D E D	Assisting Officer Name/ID #					0		Release	d By (Name/Department/ID #)			ŧ)	Da				Date/Time Released			
Status Codes	L - Los	t S	- Stolen R - F	Recovered	D - Dama	aged Z - Seiz	zed	B - Burne	d C - Co	unterfe	eit / Forge	ed	F-F	ound						
ARREST DRUGS	DCI Status Quantity Type Measure						Suspected Type										heck up to 3 types of activity for each			
	231 Grando Quarrinty Type										F			Possess	Buy	Sale	Mfg.	Importing	Operating	
													┢							
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UTE																				
S T											╀									
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													+							
	Name: Complainant Victim □																			
C M P	Name:	Comp	olainant□	Addres	ss .								Pr	none:						
N A R A T I V E	ON THIS DATE ARRESTED SUBJECT ON LISTED CHARGE.																			
S	Arrestin	g Officer	Signature/ID#	Date	e/Time Subn			Supervisor Signature												
T A	HASSON, R. E. (H6							07/30	07/30/2014 13:							ΞΥ, D. T.				
T U	Case S	tatus: ther Inv.		Case Disposition: 3 Cleared By Arrest / No Supplement				ded	Arreste	Arrestee Signature										
S	☐ Inactive ☐ Arrest / No Investigation																			

DCI-608F Rev. 3/92