

ARREST REPORT

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|--------------------------------------|---|--------------------------------------|---|---|--|--|--|---|---|-------------------------------------|-----------|-----------|
| A G E N C Y | Agency Name BURKE COUNTY SHERIFF'S OFFICE | | ORI 0120000 | | Date/Time Arrested 09/15/2014 17:09 | | OCA 201403761 | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) | | Arrest Tract F | | Residence Tract F | | Arrest Number 107271 | | | | |
| A R R E S T E E | Name (Last, First, Middle) SCOTT, AMANDA DIANE | | | D.O.B. 06/05/1989 | | Age 25 | Race W | Sex F | Place of Birth BURKE CO, NC | Country of Citizenship US | | |
| | Current Address 226 Center St, MORGANTON, NC 28655 | | | Phone 828-358-5997 | | Occupation | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident | | <input type="checkbox"/> Unknown | | |
| | Employer's Name LEVITON SOUTHERN DEVICES | | | Address MORGANTON | | | | Phone 828- - | | | | |
| | Also Known As (Alias Names) | | | Hgt 5'08 | Wgt 190 | Hair BLO | Eyes HAZ | Skin Tone | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos | | | Social Security # | | OLN and State | | Misc. # and Type | | | | |
| | Nearest Relative Name SCOTT, DEBORAH | | | Address 420 N GREEN ST, MORGANTON, NC 28655 | | | | Phone 828-514-4170 | | | | |
| A R R E S T | If Armed, Type of Weapon NOT APPLICABLE/NONE | | <input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | | Place of Arrest 150 GOVERNMENT DR, MORGANTON | | | | | | | |
| | Charge #1 Driving During Revocation | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 4010 | Offense Jurisdiction (if not arresting agency) | | Statute # 20-28(A) | Warr. Date 09/15/2014 | | | |
| | 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 | | Place Confined | | | Committing Magistrate | | | | | | |
| | Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other | | Bond Amount \$0.00 | Trial Date 10/13/2014 00:00 | | Court Of District | | City MORGANTON | | | | |
| | 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 |
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| C O M P | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address | | | | Phone: | | | | |
| | SERVED CRIMINAL SUMMONS ON SUBJECT. | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # HASSON, R. E. (H6780) | | | Date/Time Submitted 09/15/2014 17:09 | | | 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 | | | | | | |