

## ARREST REPORT

A G E N C Y	Agency Name <b>Morganton Department Public Safety</b>		ORI <b>0120100 B0003</b>		Date/Time Arrested <b>08/26/2014 15:48</b>		OCA <b>201405641</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>6500</b>		Residence Tract <b>9999</b>		Arrest Number <b>106795</b>				
A R R E S T E E	Name (Last, First, Middle) <b>MESIEMORE, DAVID RAYMOND</b>			D.O.B. <b>11/14/1997</b>	Age <b>16</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>CALDWELL CO, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>167 Oak Tree Dr, MOCKSVILLE, NC 27028</b>			Phone		Occupation <b>Student</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>HALLYBURTON ACADEMY</b>			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>6'00</b>	Wgt <b>125</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>MESIEMORE, ANGELIA</b>			Address <b>167 OAK TREE DR, MOCKSVILLE, NC</b>			Phone <b>704-883-4791</b>					
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>E MEETING ST &amp; WHITE ST, MORGANTON</b>							
	Charge #1 <b>Poss Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22</b>	Warr. Date			
	Charge #2 <b>Dwi</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2100</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-138.1</b>	Warr. Date			
	Charge #3 <b>Stop Sign Vio/ Flashing Red Light Vio</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-158(B)(1)(</b>	Warr. Date			
V E H I C L E	VYR <b>2014</b>	Make <b>OTHR</b>	Model <b>VIP</b>	Style <b>MP</b>	Color <b>RED</b>	Plate #/State <b>NONE NC 2014</b>	VIN <b>19NTFACT4F1005182</b>					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other 3. <input checked="" type="checkbox"/> Impounded <input checked="" type="checkbox"/> Place of storage <b>A&amp;T AUTO REPAIR &amp; TOWING</b> Inventory on File? <b>N</b>											
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 <b>\$0.00</b>	Trial Date <b>11/12/2014 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:				
	I responded to a motor vehicle collision at the intersection of E Meeting St and White St. The defendant had ran a stop sign as he drove his moped on White St as it crossed E Meeting St. He drove into the path of a car as it was traveling on E Meeting St. The car collided with the defendants moped. The defendant and his passenger were ejected from the moped. The defendant suffered a broken left arm (between the shoulder and elbow), a possible broken left ankle and											
S T A T U S	Arresting Officer Signature/ID # <b>GILLSTRAP, J. L. (G3628)</b>			Date/Time Submitted <b>08/26/2014 15:48</b>			Supervisor Signature <b>LACKEY, W. D.</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							

\*\* Continued \*\*

**ARREST REPORT (Additional Narrative)**

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Arrestee Name <b>MESIEMORE, DAVID RAYMOND</b>			Arrest Number <b>106795</b>

numerous scrapes and lacerations. The passenger did not have his helmet strapped on and it was thrown from his head at the time of the impact. The passengers head struck the upper right corner of the cars windshield. Both the defendant and the passenger landed in the PVA of Wayne Clontzs Law Office. The passenger was airlifted to CMC-Charlotte where he was treated for his injuries. The defendant was transported to CMC-Morganton and treated for his injuries.

During the at scene investigation I saw a black bag with a red 9 on it. It was laying in the debris field where the defendants extra clothing had come out of the under seat compartment. In the bag was 2 metal grinders with Marijuana residue and a small plastic bag with several Marijuana seeds inside of it. The defendant admitted it was his when asked. When asked what had happened the defendant admitted he had ran the stop sign and even said he didn't realize there was one there. A witness to the collision confirmed that the defendant had ran the stop sign also.

I followed the defendant to CMC-Morganton and checked him as much as I could for indicators of impairment and signs of ingestion. I did not suspect that the defendant had been consuming any alcoholic beverages. I did notice indicators of impairment and signs that the defendant had consumed a controlled substance.

I formed the opinion that he had consumed a sufficient amount of an impairing substance to appreciably impair his mental and physical abilities. I believe that he was impaired by a controlled substance.

I read the defendant his chemical test rights and had a copy for him to read along with. He consented to a blood draw when asked and I had a sample of blood drawn prior to the defendant receiving his pain medications. This was done while the hospital was contacting the defendants mother in Mocksville to get consent to treat him. The blood sample will be sent to the SBI for testing.

The defendants injuries were going to prevent him from being discharged that night and he had no permanent address in Morganton. I issued him citations for the offenses and left him in the care of the hospital.

The paraphernalia was placed into evidence under tag # 21329.