

## 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>07/11/2014 03:35</b>		OCA <b>201402791</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>B</b>		Residence Tract		Arrest Number <b>105573</b>			
A R R E S T E E	Name (Last, First, Middle) <b>BROWN, CHRISTINA NICHOLE</b>			D.O.B. <b>08/11/1985</b>		Age <b>28</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>VA</b>	Country of Citizenship <b>US</b>	
	Current Address <b>3587 Henderson Mill Rd, MORGANTON, NC 28655</b>			Phone <b>828-584-9113</b>		Occupation <b>Cna</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name <b>CATAWBA VALLEY MEDICAL SERVICE</b>			Address <b>MORGANTON, NC</b>				Phone <b>828-438-8808</b>			
	Also Known As (Alias Names)			Hgt <b>5'04</b>	Wgt <b>170</b>	Hair <b>BLO</b>	Eyes <b>BLU</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 RIGH LEG</b>			Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name <b>BROWN, MICHAEL</b>			Address				Phone			
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>2860 HILL TOP AV/NC 181, MORGANTON</b>						
	Charge #1 <b>Left Of Center</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>20-150(D)</b>	Warr. Date <b>07/10/2014</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 <b>1997</b>	Make <b>JEEP</b>	Model <b>CHEROKE</b>	Style <b>4D</b>	Color <b>TAN</b>	Plate #/State <b>CEZ3359 NC 0</b>	VIN <b>1J4GX58Y6VC729038</b>				
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time <b>07/11/2014 00:00</b> 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? <b>NONE</b>										
C O N F I N E D	Date/Time Confined		Place Confined <b>NOT CONFINED</b>				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>08/19/2014 00:00</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 July 10th 2014, while patrolling N.C 181 I observed Mrs. Christina Brown , cross over the center lane several times. Mrs. Brown came close two different times to hitting on coming traffic. I issued Mrs. Brown a citation and advised her of her charges and court date.										
S T A T U S	Arresting Officer Signature/ID # <b>GRADY, P. K. (G3729)</b>			Date/Time Submitted <b>07/11/2014 03:35</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					