

ARREST REPORT

A G E N C Y	Agency Name BURKE COUNTY SHERIFF'S OFFICE		ORI 0120000		Date/Time Arrested 08/12/2014 09:05		OCA 210403244	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract M		Residence Tract M		Arrest Number 106388
A R R E S T E E	Name (Last, First, Middle) OWENSBY, KASEY LEA			D.O.B. 12/06/1986		Age 27	Race W	Sex F
	Current Address 5900 Miller Bridge Rd, CONNELLY SPRINGS, NC			Phone 828-201-0430		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name UNEMPLOYED			Address			Phone	
	Also Known As (Alias Names)			Hgt 5'03	Wgt 132	Hair RED	Eyes BLU	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			Address			Phone	
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 5900 MILLER BRIDGE RD, CONNELLY SPRINGS			
	Charge #1 Simple Assault / Assault & Battery		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0890	Offense Jurisdiction (if not arresting agency)		Statute # 14-33(A)
	Charge #2 Cyber Stalking		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (if not arresting agency)		Statute # 14-196.3
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
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 DEBBIE CARSWELL		
	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 \$0.00	Trial Date 09/09/2014 00:00		Court Of District		
	Assisting Officer Name/ID # 0		Released By (Name/Department/ID #) HASSON, R. E.			Date/Time Released 08/12/2014 09:55:00		
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 THIS DATE ARRESTED SUBJECT ON LISTED CHARGES. WRITTEN PROMISE							
S T A T U S	Arresting Officer Signature/ID # HASSON, R. E. (H6780)			Date/Time Submitted 08/12/2014 09:05		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			