

## 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>08/27/2014 02:34</b>		OCA <b>201403461</b>				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>F</b>		Residence Tract <b>F</b>		Arrest Number <b>106782</b>			
A R R E S T E E	Name (Last, First, Middle) <b>RAY, MARGARET SHAFFER</b>				D.O.B. <b>04/27/1980</b>		Age <b>34</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>BURKE COUNTY, NC</b>	Country of Citizenship <b>US</b>	
	Current Address <b>1035 Amherst Rd, MORGANTON, NC 28655</b>				Phone		Occupation <b>Unemployed</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name <b>UNEMPLOYED</b>				Address <b>N/A</b>				Phone <b>828- -</b>			
	Also Known As (Alias Names) <b>RAY, MARGARET SHAFFER; RAY, MARGARET</b>				Hgt <b>5'04</b>	Wgt <b>135</b>	Hair <b>BRO</b>	Eyes <b>GRE</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 ARM / STAR &amp; MOON; TATT</b>				Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name <b>PRESNELL, NANCY</b>				Address <b>4168 VALLEY TRL, MORGANTON, NC</b>				Phone <b>828-584-3685</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 checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>150 GOVERNMENT DR, MORGANTON</b>							
	Charge #1 <b>Fail To Appear/ Failure To Comply</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>15A-305</b>	Warr. Date <b>08/25/2014</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	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 <b>08/27/2014 02:38:29</b>		Place Confined <b>BURKE/CATAWBA JAIL</b>				Committing Magistrate <b>DAVID WHITESIDES</b>					
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$1,000.00</b>	Trial Date <b>09/29/2014 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 served one Order for Arrest to Margaret Ray at the Burke County Magistrate's Office. I advised Ms. Ray of her court date and bond, and confined her into the Burke/Catawba Jail.											
S T A T U S	Arresting Officer Signature/ID # <b>ANDERSON, D. T. (A2564)</b>				Date/Time Submitted <b>08/27/2014 02:34</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						