

ARREST REPORT

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|-----------------------------|---|---|---|---|--|--|-----------------------------------|--|--|--|--------------------------|--------------------------|--------------------------|
| AGENCY INFO | Agency Name RUTHERFORD COUNTY SHERIFF OFFICE | | | ORI NC0810000 | | Date/Time of Arrest Mo Date Year 06/22/2020 Hrs: 23:01 | | OCA 2020-001714 | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | | Fingerprint Card Check Digit # (CKN) HG2862V | | Arrest Tract C3 | | Residence Tract C3 | | Arrest Number 081720 | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) FRANCIS SHAQUILLE MARSHON | | | | D.O.B. ***** Mo Date Year | Age ***** | Race B | Sex M | Place of Birth ***** | Country of Citizenship ***** | | | |
| | Current Address ***** | | | | Phone ***** | | Occupation ***** | | <input type="checkbox"/> Resident <input type="checkbox"/> Unknown | <input type="checkbox"/> Non-Resident | | | |
| | Employer's Name ***** | | | | Address | | | | Phone | | | | |
| | Also Known As (Alias Names) | | | | Hgt ***** | Wgt ***** | Hair ***** | Eye ***** | Skin Tone | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos ***** | | | | Social Security # ***** | | OLN ***** | | State **** | Misc. # and Type ***** | | | |
| | Nearest Relative Name ***** | | | | Address ***** | | | | Phone ***** | | | | |
| ARREST INFO | If Armed, Type of Weapon | | <input type="checkbox"/> On-View | <input type="checkbox"/> Criminal Summons | Place of Arrest 198 N WASHINGTON STREET RUTHERFORDTON | | | | | | | | |
| | | | <input type="checkbox"/> Order for Arrest | <input type="checkbox"/> Citation | <input checked="" type="checkbox"/> Warrant | | | | | | | | |
| | Charge # 1 ASSAULT BY POINTING A GUN | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 0410 | Offense Jurisdiction (If not arresting Agency) RUTHERFORD | | Statute# 14-34 | Warr Date Mo Date Year 06/22/2020 | | | | |
| | Charge # 2 | | <input type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts | DCI Code | Offense Jurisdiction (If not arresting agency) | | Statute# | Warr Date Mo Date Year | | | | |
| Charge # 3 | | <input type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts | DCI Code | Offense Jurisdiction (If not arresting agency) | | Statute# | Warr Date Mo Date Year | | | | | |
| VEH. INFO. | YVR | Make | Model | Style | Color | Lic/Lis | VIN | | | | | | |
| | Vehicle: 1: <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ Hrs _____ 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? <input type="checkbox"/> | | | | | | | | | | | | |
| CONFINED BOND INFO | Date/Time Confined 06/22/2020 Hrs:20:18 | | Place Confined RUTHERFORD COUNTY JAIL | | | | Committing Magistrate R. MOORE | | | | | | |
| | Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other | | Amt. Bond \$.00 | | Trial Date 06/23/2020 | | Court of DISTRICT | | City RUTHERFORDTON | | | | |
| | Assisting Officer Name/ID Number | | | | Released By Name/Dept/ID | | | | Date/Time Released Hrs: | | | | |
| Status Codes | L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | |
| DRUGS AT ARREST | DCI | Status | Quantity | Type Measure | Suspected Type | | | Check up to 3 types of activity for each | | | | | |
| | | | | | | | | Possess | Buy | Sale | Mfg. | Importing | Operating |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COMPLAINANT | Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address: ***** | | | | Phone: ***** | | | | |
| | ***** | | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # MCCOMAS JOSEPH M8781 | | | Date/Time Submitted Mo Date Year 06/23/2020 Hrs:03:09 | | | Supervisor Signature | | | | | | |
| | Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed | | Case Disposition: <input type="checkbox"/> Cleared By Arrest/No Supplement Needed <input checked="" type="checkbox"/> Arrest/No Investigation | | | Arrestee Signature | | | | | | | |