

File No. 20CR 054376		Law Enforcement Case No.		LID No.	SID No.	FBI No.
WARRANT FOR ARREST		STATE OF NORTH CAROLINA				
Offense I T-IMPEDE TRAFFIC SIT/STAND/LIE		In The General Court Of Justice District Court Division				
THE STATE OF NORTH CAROLINA VS.		ALAMANCE County				
Name And Address Of Defendant ANDREW CRABTREE 7 HILTON PLACE APT F GREENSBORO NC 27406 GUILFORD COUNTY (336) 707-1590		To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below: I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did DEFENDANT WAS IN THE ROADWAY IMPEDING TRAFFIC.				
Race W	Sex M	Date Of Birth 02/06/1993	Age			
Social Security No./Tax ID No.		Drivers License No. & State				
Name Of Defendant's Employer						
Offense Code(s) I 5408		Offense In Violation Of G.S. I 20-174.1				
Date Of Offense 09/26/2020						
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 09/26/2020 1605UCF						
Complainant (Name, Address Or Department) MARK A DOCKERY JR JR. ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300						
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) M. A. VOS ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300						
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 09/26/2020		Signature BERTRAM F. HEATHCOTE III		Location Of Court Alamance County Courthouse; CRMA 212 W ELM ST GRAHAM, NC 27253
		<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Assistant CSC		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Clerk Of Superior Court		Court Date 10/20/2020 Court Time 09:00
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		

(over)

ORIGINAL COPY

If this Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

RETURN OF SERVICE

I certify that this Warrant was received and served as follows:

Date Received	Date Served	Time Served	Date Returned
9/26/20	9/26/20	9:29 AM	9/26/20

☒ By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

HEATHKOTE

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Name Of Officer (type or print)

Department Or Agency Of Officer

Graham, PD

REDELIVERY/REISSUANCE

Date	Signature	<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Assist. CSC <input type="checkbox"/> CSC
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RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Warrant was received and served as follows:

Date Received	Date Served	Time Served	Date Returned
		<input type="checkbox"/> AM <input type="checkbox"/> PM	

☐ By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Name Of Officer (type or print)

Department Or Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the
☐ District ☐ Superior Court.
☐ The current pretrial release order is modified as follows:

Date Signature Of District Court Judge Or Magistrate

WAIVER OF PROBABLE CAUSE HEARING

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived Signature Of Defendant

Signature Of Attorney

District Attorney

☐ Waived
☐ Not Indigent
☐ Denied

Attorney For Defendant

☐ Appointed
☐ Retained

PRIOR CONVICTIONS:

No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ not guilty

VERDICT: ☐ guilty

☐ guilty

☐ guilty

☐ not guilty

M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3

M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3

M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict,

it is ORDERED that the defendant: ☐ pay costs and a fine of \$

☐ be imprisoned for a term of days in the custody of the ☐ sheriff. ☐ MCP. ☐ DACJJ.* Pretrial credit days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. (use form AOC-CR-602)]

☐ The Court finds that a ☐ longer ☐ shorter period of probation than that which is specified in G.S. 15A-1343.2(d) is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for months, subject to the

following conditions: (1) commit no criminal offense in any jurisdiction. (2) possess no firearm, explosive or other deadly weapon listed

in G.S. 14-269. (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the

defendant for suitable employment, and abide by all rules of the institution. (4) satisfy child support and family obligations, as required by

the Court; (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine

\$

Restitution**

\$

Attorney's Fee

\$

Community Service Fee

\$

Other

\$

**Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: (NOTE TO CLERK: Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance).")

☐ 6. complete hours of community service during the first days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within days.

☐ 7. not be found in or on the premises of the complainant or

☐ 8. not assault, communicate with or be in the presence of the complainant or

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other:

It is ORDERED that this: ☐ Judgment is continued upon payment of costs.

☐ case be consolidated for judgment with

☐ sentence is to run at the expiration of the sentence in

☐ COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

PROBABLE CAUSE:

☐ Probable cause is found as to all Counts except, and the defendant is bound over to Superior Court for action by the grand jury.

☐ No probable cause is found as to Count(s) of this Warrant and the Count(s) is dismissed.

Date

Name Of District Court Judge Or Magistrate (type or print)

Signature Of District Court Judge Or Magistrate

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date

Date Delivered To Sheriff

Signature

☐ Dep. CSC ☐ Asst. CSC
☐ Clerk Of Superior Court

STATE OF NORTH CAROLINA

ALAMANCE

County

File No.

20CR54376

In The General Court Of Justice

☒ District ☐ Superior Court Division

STATE VERSUS

Name Of Defendant

Andrew Crabtree

WAIVER OF COUNSEL

G.S. 7A-457; 15A-1242

Additional File No.(s) And/Or Offense(s)

ACKNOWLEDGMENT OF RIGHTS AND WAIVER

As the undersigned party in this action, I freely and voluntarily declare that I have been fully informed of the charges against me, the nature of and the statutory punishment for each such charge, and the nature of the proceedings against me; that I have been advised of my right to have counsel assigned to assist me and my right to have the assistance of counsel in defending against these charges or in handling these proceedings, and that I fully understand and appreciate the consequences of my decision to waive the right to assigned counsel and the right to assistance of counsel.

I freely, voluntarily and knowingly declare that:

(check only one)

- ☒ 1. I waive my right to assigned counsel and that I, hereby, expressly waive that right.
- ☐ 2. I waive my right to all assistance of counsel which includes my right to assigned counsel and my right to the assistance of counsel. In all respects, I desire to appear in my own behalf, which I understand I have the right to do.

SWORN AND SUBSCRIBED TO BEFORE ME

Date

10/20/2020

Date

10/20/20

Signature

[Signature]

Signature Of Defendant

[Signature]

☐ Judge☐ Clerk Of Superior Court☐ Asst. CSC☒ Deputy CSC☐ Magistrate

CERTIFICATE OF JUDICIAL OFFICIAL

I certify that the above named defendant has been fully informed of the charges against him/her, the nature of and the statutory punishment for each charge, and the nature of the proceeding against the defendant and his/her right to have counsel assigned by the court and his/her right to have the assistance of counsel to represent him/her in this action; that the defendant comprehends the nature of the charges and proceedings and the range of punishments; that he/she understands and appreciates the consequences of his/her decision and that the defendant has voluntarily, knowingly and intelligently elected in open court to be tried in this action:

(check only one)

- ☒ 1. without the assignment of counsel.
- ☐ 2. without the assistance of counsel, which includes the right to assigned counsel and the right to assistance of counsel.

NOTE: For a waiver of assigned counsel only, both blocks numbered "1" must be checked. For a waiver of all assistance of counsel, both blocks numbered "2" must be checked.

Date

Signature Of Judicial Official

Name Of Judicial Official (Type Or Print)

NOTE: A magistrate may accept waivers of counsel if designated to do so by the Chief District Court Judge. See G.S. 7A-146(11) and G.S. 7A-292(15).

STATE OF NORTH CAROLINA

ALAMANCE County

File No.

20CR 054376

In The General Court Of Justice
☒ District ☐ Superior Court Division

STATE VERSUS

Name And Address Of Defendant

ANDREW CRABTREE

7 HILTON PLACE

APT F

GREENSBORO

NC

27406

CONDITIONS OF RELEASE
AND RELEASE ORDER

20RO918294

G.S. Chapter 15A, Art. 25, 26

Amount Of Bond

\$

Offenses And Additional File Numbers

20CR54376 WFA; T-IMPEDE TRAFFIC SIT/STAND/LIE

☐ See Attachment

Location Of Court

Alamance County Courthouse; CRMA

☒ District ☐ Superior

Date

10/20/2020

Time

09:00 ☒ AM ☐ PM

To The Defendant Named Above, you are ORDERED to appear before the Court as provided above and at all subsequent continued dates. If you fail to appear, you will be arrested and you may be charged with the crime of willful failure to appear. You also may be arrested without a warrant if you violate any condition of release in this Order or in any document incorporated by reference.

The defendant has been advised of charge(s) against him/her and his/her right to communicate with counsel and friends.

☒ Your release is authorized upon execution of your: ☒ WRITTEN PROMISE to appear ☐ UNSECURED BOND in the amount shown above
☐ CUSTODY RELEASE ☐ SECURED BOND in the amount shown above (NOTE: Give a copy of this order to any surety who posts bond.)
☐ HOUSE ARREST with ELECTRONIC MONITORING administered by (agency) _____ and the SECURED BOND above. You may leave your residence for the purpose(s) of ☐ employment ☐ counseling ☐ course of study ☐ vocational training
UNLESS YOU LIVE OR WORK IN THE CITY OF GRAHAM, YOU ARE ORDERED TO LEAVE FOR 72 HOURS UPON RELEASE FROM DETENTION

☐ Your release is not authorized.

☐ The defendant is required to provide (check all that apply) ☐ fingerprints under G.S. 15A-502. ☐ a DNA sample under G.S. 15A-266.3A.

Prior to release, the defendant shall provide his/her (check all that apply) ☐ fingerprints. ☐ DNA sample.

☐ The defendant has been ☐ (i) charged with a felony while on probation (complete AOC-CR-272, Side One). ☐ (ii) arrested for violation of probation with a pending felony charge or prior conviction requiring registration under G.S. 14, Article 27A (complete AOC-CR-272, Side Two).

☐ This Order is entered upon defendant's warrantless arrest for violation of conditions of release entered previously for the above-captioned case in the Order dated _____.

☐ The defendant was arrested or surrendered after failing to appear as required under a prior release order.

☐ This was the defendant's second or subsequent failure to appear in this case.

☐ Your release is subject to the conditions as shown on the attached ☐ AOC-CR-270. ☐ Other: _____.

Additional Information

Date

09/26/2020

Signature Of Judicial Official

BERTRAM F. HEATHCOTE III

☒ Magistrate ☐ Deputy CSC ☐ Assistant CSC☐ Clerk Of Superior Court ☐ District Court Judge ☐ Superior Court Judge

ORDER OF COMMITMENT

To The Custodian Of The Detention Facility Named Below, you are ORDERED to receive in your custody the defendant named above who may be released if authorized above. If the defendant is not sooner released, you are ORDERED to: ☒ produce him/her in Court as provided above.

☐ hold him/her ☐ as provided on the attached AOC-CR-272. ☐ for the following purpose: _____.

☐ [for charges covered by G.S. 15A-534.1 (domestic violence) or 15A-534.7 (threat of mass violence)] produce him/her at the first session of District or Superior Court held in this county after the entry of this Order or, if no session is held before (enter date and time 48 hours after time of arrest) _____, ☐ AM ☐ PM produce him/her before a magistrate of this county at that time to determine conditions of pretrial release.

Name Of Detention Facility

Date

Signature Of Judicial Official

BERTRAM F. HEATHCOTE III

WRITTEN PROMISE TO APPEAR OR CUSTODY RELEASE

I, the undersigned, promise to appear at all hearings, trials or otherwise as the Court may require and to abide by any restrictions set out above. I understand and agree that this promise is effective until the entry of judgment in the District Court from which no appeal is taken or until the entry of judgment in Superior Court. If I am released to the custody of another person, I agree to be placed in that person's custody, and that person agrees by his/her signature to supervise me.

Date

Signature Of Defendant

Signature Of Person Agreeing To Supervise Defendant

Name Of Person Agreeing To Supervise Defendant (type or print)

Address Of Person Agreeing To Supervise Defendant

DEFENDANT RELEASED ON BAIL

Date

26 Sept 2020

Time

2200

☐ AM☐ PM

Signature Of Jailer

Jailer

AOC-CR-200, Rev. 12/18

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ORIGINAL COPY

CONDITIONS OF RELEASE MODIFICATIONS

The Conditions of Release on the reverse are modified as follows:

Modification	Date	Signature Of Judicial Official

SUPPLEMENTAL ORDERS FOR COMMITMENT

The defendant is next Ordered produced in Court as follows:

Date	Time	Place	Purpose	Signature Of Judicial Official

DEFENDANT RECEIVED BY DETENTION FACILITY

Date	Time	Signature Of Jailer
9/26/2020	240	LEBRANT, 753

DEFENDANT RELEASED FOR COURT APPEARANCE

Date	Time	Signature Of Jailer

NOTE TO CUSTODIAN: This form shall accompany the defendant to court for all appearances.

AOC-CR-200, Side Two, Rev. 12/18

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ORIGINAL DISPOSITION REPORT

WHEN COMPLETED SUBMIT TO: NORTH CAROLINA STATE BUREAU OF INVESTIGATION
DIVISION OF CRIMINAL INFORMATION
407 NORTH BLOUNT STREET
RALEIGH, N.C. 27601 - 1009

ATTN: IDENTIFICATION SECTION

CKN Number - 1605UCF

TO BE COMPLETED BY ARRESTING AGENCY		TO BE COMPLETED BY CLERK&S OFFICE	
SID NO.	FBI NO.	COURT LEVEL: <input type="checkbox"/> DISTRICT <input type="checkbox"/> SUPERIOR	
NAME ON FINGERPRINT CARD SUBMITTED TO SBI		COURT DOCKET NUMBER	COURT DISPOSITION DATE
CRABTREE LAST	ANDREW FIRST MIDDLE	<input type="checkbox"/> DISMISSED <input type="checkbox"/> DISMISSED WITH LEAVE	
RACE W	DATE OF BIRTH 02/06/1993	CHARGE CONVICTED OF:	
SEX M	SOCIAL SECURITY NO.	<input type="checkbox"/> CONSOLIDATED FOR JUDGMENT WITH CASE NO. -	
ARREST NO. (OCA)	DATE OF ARREST 09/26/20	(Note: if this block is checked, a copy of the final disposition reflecting the original judgment must be attached.)	
OFFENSES CHARGE AT ARREST OTHER - FREE TEXT / 9999		PLEA <input type="checkbox"/>	VERDICT <input type="checkbox"/>
		MISDEMEANOR <input type="checkbox"/>	FELONY <input type="checkbox"/>
		SPLT SENTENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		JUDGMENT:	
			Days Months Years
		Active Sentence -	_____
		Probation -	_____
		Suspended -	_____
CONTRIBUTOR OF FINGERPRINTS (include Address & ORI No.)		FINE: _____ COST: _____	
ORI No. - NC0010000		RESTITUTION: _____ ATTORNEY FEE: _____	
Agency Name - Alamance County SO		<input type="checkbox"/> CASE APPEALED FROM DISTRICT COURT	
Agency City - Alamance		<input type="checkbox"/> CASE APPEALED TO APPELLATE DIVISION	
		(Submit copy of this form and retain original until final judgment after Appellate decision)	
		ADDITIONAL INFORMATION:	
		DATE	COUNTY
		SIGNATURE	
		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court	
SIGNATURE		If additional space is needed, check <input type="checkbox"/> and continue on reverse side of this form.	
TITLE	DATE		

