

File No. <b>20CR 054377</b>		Law Enforcement Case No.		LID No.	SID No.	FBI No.
<b>WARRANT FOR ARREST</b>		<b>STATE OF NORTH CAROLINA</b> In The General Court Of Justice District Court Division <b>ALAMANCE County</b>				
Offense <b>I T-IMPEDE TRAFFIC SIT/STAND/LIE</b>						
<b>THE STATE OF NORTH CAROLINA VS.</b>						
Name And Address Of Defendant <b>MORGAN ELLEN CARTER</b> <b>916 LEXINGTON AVE</b>  <b>GREENSBORO NC 27403</b> <b>GUILFORD COUNTY</b>		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 <b>DEFENDANT WAS IN THE ROADWAY IMPEDING TRAFFIC</b>				
Race <b>W</b>	Sex <b>F</b>	Date Of Birth <b>04/06/1994</b>	Age			
Social Security No./Tax ID No.		Drivers License No. & State <b>45212943 NC</b>				
Name Of Defendant's Employer						
Offense Code(s) <b>I 5408</b>		Offense In Violation Of G.S. <b>I 20-174.1</b>				
Date Of Offense <b>09/26/2020</b>						
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) <b>09/26/2020 1606UCB</b>						
Complainant (Name, Address Or Department) <b>MARK A DOCKERY JR JR.</b> <b>ALAMANCE COUNTY SHERIFFS OFFICE</b> <b>109 SOUTH MAPLE ST</b> <b>GRAHAM NC 27253</b> <b>ALAMANCE COUNTY (336) 570-6300</b>						
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) <b>M. A. VOS</b> <b>ALAMANCE COUNTY SHERIFFS OFFICE</b> <b>109 SOUTH MAPLE ST</b> <b>GRAHAM NC 27253</b> <b>ALAMANCE COUNTY (336) 570-6300</b>						
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued <b>09/26/2020</b>		Signature <b>KELLY R COUNCILMAN</b>		
		<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Assistant CSC		Location Of Court <b>Alamance County Courthouse; CRMA</b> <b>212 W ELM ST</b> <b>GRAHAM,NC 27253</b>		
		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Clerk Of Superior Court		Court Date <b>10/20/2020</b>		
				Court Time <b>09:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		

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 09-26-20 Date Served 09-26-20 Time Served 2:41 ☒ AM ☐ PM Date Returned 09-26-20

☐ By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

Councilman

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Name Of Officer (type or print)

M.A. Daw

M.A. Dockery

Department Or Agency Of Officer

EC50

### REDELIVERY/REISSUANCE

Date

Signature

☐ Dep. CSC  
☐ Assist. CSC  
☐ CSC

### RETURN FOLLOWING REDELIVERY/REISSUANCE

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

Date Received \_\_\_\_\_ Date Served \_\_\_\_\_ Time Served ☐ AM ☐ PM Date Returned \_\_\_\_\_

☐ 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**

File No.

20CR054377

ALAMANCE

County

In The General Court Of Justice

☒ District ☐ Superior Court Division**STATE VERSUS**

Name And Address Of Defendant

MORGAN ELLEN CARTER

916 LEXINGTON AVENUE  
GREENSBORO

NC 27403

Race

W

Sex

F

Date Of Birth

04/06/1994

2020 DEC 22 A 11:30  
**MISDEMEANOR  
STATEMENT OF CHARGES**

G.S. 15A-922

Offense(s)	Date Of Offense OR Date Range Of Offense	G.S. No.	CL.
IMPEDE TRAFFIC SIT/STAND/LIE	09/26/2020	20-174.1	2
RESIST PUBLIC OFFICER	09/26/2020	14-223	2

I, the undersigned, upon information and belief allege that on or about the date(s) of offense shown and in the county named above, the defendant named above did unlawfully and willfully

**COUNT I:**

did SIT, STAND, OR LIE IN THE ROADWAY, to wit: 1 NW COURT SQUARE, thereby impeding the regular flow of traffic.

**COUNT II:**

resist, delay, and obstruct J. TEAGUE, a public officer holding the office of DEPUTY SHERIFF by INTERFERING IN THE APPREHENSION OF ANOTHER SUBJECT. At the time, the officer was discharging and attempting to discharge a duty of his office, to wit: REMOVING INDIVIDUALS FROM THE ROADWAY WHILE ENSURING THE SAFETY AND SECURITY OF DEMONSTRATORS IN COURT SQUARE.

Date

12/18/2020

Name Of Prosecutor (type or print)

KEVIN PATRICK HARRISON

Signature Of Prosecutor

*Kevin Patrick Harrison*

From Philip Harrison



## STATE OF NORTH CAROLINA

File No.

20CR 054377

ALAMANCE County

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

## STATE VERSUS

Name And Address Of Defendant

MORGAN ELLEN CARTER  
916 LEXINGTON AVE

GREENSBORO NC 27403

CONDITIONS OF RELEASE  
AND RELEASE ORDER

# 20RO918313

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

Amount Of Bond  
\$

Offenses And Additional File Numbers

20CR54377 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

**DO NOT BE BACK IN THE CITY OF GRAHAM NC FOR THE NEXT 72 HRS PER MAGISTRATE COUNCILMAN**

☐ 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

KELLY R COUNCILMAN

☒ 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

ALAMANCE COUNTY JAIL

Date

09/26/2020

Signature Of Judicial Official

KELLY R COUNCILMAN

## 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  
09/26/2020

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

2215

☐ AM ☐ PM

Signature Of 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

**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 - 1606UCB

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
CARTER LAST	MORGAN FIRST	<input type="checkbox"/> DISMISSED <input type="checkbox"/> DISMISSED WITH LEAVE	
RACE W	DATE OF BIRTH 04/06/1994	CHARGE CONVICTED OF:	
SEX F	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 IMPEDE TRAFFIC / 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
		Active Sentence -	Years
		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		





## STATE OF NORTH CAROLINA

ALAMANCE County

File No.

201954377

In The General Court Of Justice

☒ District ☐ Superior Court Division

## STATE VERSUS

Name Of Defendant

MORGAN CARTER

## 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

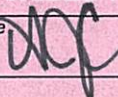
Date

10/20/2020

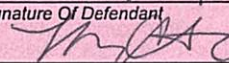
Date

10/20/20

Signature



Signature Of Defendant

☐ 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)

  
Bridgette Reid

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).



