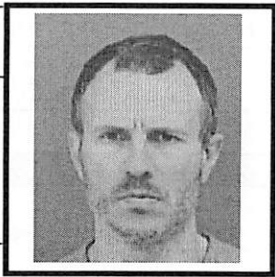


File No. <b>20CR 055016</b>		Law Enforcement Case No. ALAMANCE COUNTY SHERIFFS OFFICE	LID No.	SID No.	FBI No. 301534AC3		
<b>MAGISTRATE'S ORDER</b>		<b>STATE OF NORTH CAROLINA</b> In The General Court Of Justice District Court Division					
Offense I M-RESISTING PUBLIC OFFICER		ALAMANCE County					
<b>THE STATE OF NORTH CAROLINA VS.</b>							
Name And Address Of Defendant DAVID ELI BAGHDADI  780 RABBIT DEN RD  HOT SPRINGS NC 28743 MADISON COUNTY		I, the undersigned, find that the defendant named above has been arrested without a warrant and the defendant's detention is justified because 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 resist, delay and obstruct MARK JOHNSON, a public officer holding the office of ALAMANCE COUNTY SHERIFF'S OFFICE, by ATTEMPTING TO STOP OFFICERS FROM ARRESTING FAITH COOK. At the time, the officer was discharging and attempting to discharge a duty of his office by ATTEMPTING TO ARREST A SUBJECT FOR MISDEMEANOR RIOT.					
Race	Sex					Date Of Birth	Age
W	M					03/25/1977	
Social Security No.						Drivers License No. & State	
						B233135209239 MD	
Name Of Defendant's Employer							
Offense Code(s)						Offense In Violation Of G.S.	
I 5310						I 14-223	
Date Of Offense							
10/31/2020 through 10/31/2020							
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)							
10/31/2020							
Arresting Officer (Name, Address Or Department)							
M JOHNSON ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300							
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)							
JASON TEAGUE 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 10/31/2020					
		<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court					
		Location Of Court Alamance County Courthouse; CRMA 212 W ELM ST GRAHAM, NC 27253					
		Court Date 11/30/2020  Court Time 09:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					



(over)  
**ORIGINAL COPY**

District <b>KPH</b> PLEA: <input checked="" type="checkbox"/> guilty <input type="checkbox"/> guilty <input type="checkbox"/> guilty <input type="checkbox"/> not guilty	<input type="checkbox"/> Waived <input type="checkbox"/> Not Indigent <input type="checkbox"/> Denied	Attorney For Defendant <b>Fairman</b>	<input type="checkbox"/> Appointed <input checked="" type="checkbox"/> Retained	<b>PRIOR CONVICTIONS:</b> No./Level: <u>0</u> I (0) <u>  </u> II (1-4) <u>  </u> III (5+)
VERDICT: <input checked="" type="checkbox"/> guilty - <b>RPO</b> M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> not guilty				
<b>JUDGMENT:</b> The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is <b>ORDERED</b> that the defendant: <input type="checkbox"/> pay costs and a fine of \$ _____. <input type="checkbox"/> be imprisoned for a term of _____ days in the custody of the <input type="checkbox"/> sheriff. <input type="checkbox"/> MCP. <input type="checkbox"/> DAC.* Pretrial credit _____ days served. <input type="checkbox"/> Work release <input type="checkbox"/> is recommended. <input type="checkbox"/> is not recommended. [ <input type="checkbox"/> is ordered. (use form AOC-CR-602)] <input type="checkbox"/> The Court finds that a <input type="checkbox"/> longer <input type="checkbox"/> shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary. <input type="checkbox"/> 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: <b>NOTE TO CLERK:</b> Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance)."  <input type="checkbox"/> 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. <input type="checkbox"/> 7. not be found in or on the premises of the complainant or _____ <input type="checkbox"/> 8. not assault, communicate with or be in the presence of the complainant or _____ <input type="checkbox"/> 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319) <input type="checkbox"/> 10. Other: _____ _____ _____ _____				
<b>APPEAL ENTRIES</b>				
<input type="checkbox"/> The defendant, in open court, gives notice of appeal to the <input type="checkbox"/> District <input type="checkbox"/> Superior Court. <input type="checkbox"/> The current pretrial release order is modified as follows:				
Date	Signature Of District Court Judge Or Magistrate			
<b>WAIVER OF PROBABLE CAUSE HEARING</b>				
The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.				
Date Waived	Signature Of Defendant			
<b>CERTIFICATION</b>				
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	<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> CSC	