## ARREST REPORT

A	Agency Name								ORI Da				Date/Time Arrested OCA								
G I E N N F	High Point Police Department							041030		-						01416470					
CO	Taken Fingerprint Card Check Digit # (CKN) Prints							Arrest Trac	t		Residence Tract			ll l	Arrest Number						
Υ	☐ Photos							4	I DOD	4			<b>26893</b>				- "				
A RR EST EE	Name (Last, First, Middle)  FLOWERS, JAMIE DARIA								D.O.B.		Age <b>31</b>	Race Sex Place of Birth Country of Citizenship  W F HIGH POINT, NC US									
	Current Address								Phone 226 974 6052				Occupation		wad	<b>□</b> Re		Unknown			
	409 Carey Av, HIGH POINT, NC 27262 Employer's Name								336-871-6953					Unemployed							
	UNEMPLOYED															336					
	Also Known As (Alias Names)								Hgt <b>6'00</b>		Wgt Hair 180 BRO			Eyes GRN	1 -	Consumed Drug/A		•			
	Scars, N	Marks, Ta	attoos		Social Sec	urity #	OLN and			tate			lisc. # and Type								
			FT ANKLE	/ TEDD\	BEA	R/DAKOT	Α;														
	Nearest	Relative	Name				Addre		Phone												
	If Armed	d, Type o	of Weapon	rimina	al Summons	Pla	Place of Arrest														
A RRFO EST	Oil-view Lat C						Cit		Warrant	∥ 4	409 CAREY AV, HIGH POINT										
	Charge #1 Injury To Personal Property							Counts	DCI Code		Offense Jurisdiction (if not arresting agency)  Statute # Warr. Date										
	Injury 10 Personal Property								1400							14-160		06/06/2014			
	Charge #2							Counts	DCI Code	I Code Offense Juris			sdiction (if not arresting agency)				tatute #	Warr. Date			
	Charge #3					☐ Fel ☐ Misd		Counts	DCI Code	C	Offense	Jurisdict	ion (if not a	rresting	agency)	Statute #		Warr. Date			
V E F O	VYR Make Model				Style		Color	Color Plate #/State			VIN										
	Vehicle         1. □         Left at Scene         □         Secured         □         Unsecure         Date/Time																				
	2. Released to other at owners request Name of Other 3. Impounded Place of storageInventory on File?																				
CONFINED	Date/Tir	me Confi	ined		Place C	Confined			Committing Magistrate												
	Type Bond Bond Amount							Trial Date Cou				ırt Of				City					
	□ Written Promise □ Unsecured						.00	07/14/		Guilford County					HIGH POINT						
	Assisting Officer Name/ID #							Released By (Name/Department/ID BURKHOLDER, A. S.								Date/Time Released 06/08/2014 10:42:00					
Status Codes	tus														01.12.00						
D R ARUGS	DOI	01-1	0	T	4									С	heck up to	3 types	of activity for	each			
	DCI Status Quantity Type Measure						Suspected Type						Possess	Buy	Sale	Mfg.	Importing	Operating			
	<del>                                      </del>																				
ÜAR				1																	
ST																					
		<del>                                     </del>																			
COM	Name:	Comp	olainant□	Victim			Address						Phone:								
P N	I located the subject at her residence, there were no problems.																				
A R		I located the subject at her residence, there were no problems.																			
R A T	Dock	tet#	14CR07824	7																	
- 1																					
V E																					
ş	Arrestin	-	Signature/ID#		Date	Date/Time Submitted				Supervisor Signature											
T A	BURKHOLDER, A. S. (309628)							06/08/2014 10:40					HEAVILAND, W. M.								
T U	Case Status: Case Disposition:  ☐ Further Inv.  ☐ Case Disposition: ☐ Case Disposition: ☐ Case Disposition:							Arrestee Signature													
S	☐ Ina		☑ Closed	Arrest /	-																

DCI-608F Rev. 3/92