

## ARREST REPORT

A G E N C Y	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>07/22/2014 18:30</b>		OCA <b>201421592</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ7888Q</b>	Arrest Tract <b>4</b>		Residence Tract <b>99</b>		Arrest Number <b>2690368</b>					
A R R E S T E E	Name (Last, First, Middle) <b>FREEMAN, AMY RENEE</b>			D.O.B.	Age <b>34</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>GRUNDY, VA, VA</b>	Country of Citizenship <b>US</b>			
	Current Address <b>3341 Katrina Dr, THOMASVILLE, NC 27360</b>			Phone <b>336-341-9864</b>		Occupation <b>Unemployed</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone					
	Also Known As (Alias Names) <b>FREEMAN, AMY R; FREEDMAN, AMY RENEE;</b>			Hgt <b>6'00</b>	Wgt <b>150</b>	Hair <b>BLN</b>	Eyes <b>BRO</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>SCAR LEFT ARM; TATT RGHT FOOT /</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>707 N ELM ST, HIGH POINT</b>							
	Charge #1 <b>Habitual Larceny</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72(B)(6)</b>	Warr. Date <b>07/11/2014</b>				
	Charge #2 <b>Possession Of Drug Paraphernalia</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22</b>	Warr. Date <b>07/22/2014</b>				
	Charge #3 <b>Failure To Appear</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2640</b>	Offense Jurisdiction (if not arresting agency) <b>RANDOLPH</b>		Statute # <b>FTA</b>	Warr. Date <b>07/09/2014</b>				
V E H I C L E	VYR	Make	Model	Style	Color	Plate #/State	VIN					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 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? _____											
C O N F I N E D	Date/Time Confined <b>07/22/2014 19:45:00</b>		Place Confined <b>HIGH POINT JAIL</b>			Committing Magistrate <b>NEWMAN</b>						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$8,000.00</b>	Trial Date <b>08/15/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>				
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #)			Date/Time Released					
Status Codes	L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found											
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	no problem with arrest. I was dispatched to 707 N Elm ST at around 1813 hours in reference to subject using heroin. Upon arrival Freeman was attempting to hide something under the seat when I walked up. I got her out of the vehicle and located 4 needles that had already been used, and a burnt spoon.											
S T A T U S	Arresting Officer Signature/ID # <b>BUNDY, D. C. (314378)</b>			Date/Time Submitted <b>07/22/2014 20:26</b>			Supervisor Signature <b>GOODMAN, J. T.</b>					
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							