

## ARREST REPORT

AGENCY	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>08/30/2014 18:35</b>		OCA <b>201426086</b>		
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>9</b>		Residence Tract <b>3</b>		Arrest Number <b>2691275</b>		
ARRESTEE	Name (Last, First, Middle) <b>HAWKINS, CHARLES LEE</b>			D.O.B.	Age <b>47</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>THOMASVILLE, NC</b>	Country of Citizenship <b>US</b>
	Current Address <b>330 Louise Av, HIGH POINT, NC 27262</b>			Phone <b>336-823-8081</b>		Occupation <b>Landscaping</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name <b>MAC OF ALL TRADES</b>			Address <b>HIGH POINT</b>			Phone		
	Also Known As (Alias Names) <b>CHARLIE; HAWKINS, CHARLIE</b>			Hgt <b>5'09</b>	Wgt <b>195</b>	Hair <b>GRY</b>	Eyes <b>HAZ</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 HEAD / TOP; TATT CHEST / 3</b>			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name			Address				Phone	
ARREST	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>601 N ELM ST, HIGH POINT</b>				
	Charge #1 <b>Trespass (second Degree)</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2670</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-159.13</b>	Warr. Date <b>08/30/2014</b>	
	Charge #2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date	
	Charge #3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date	
VEHICLE	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? _____								
CONFINED	Date/Time Confined <b>08/30/2014 19:36:28</b>		Place Confined <b>505 E GREEN DR</b>			Committing Magistrate <b>BRANNON</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>\$500.00</b>	Trial Date <b>08/30/2014 19:38</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								
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each		
							Possess	Buy	
							Sale	Mfg.	
							Importing	Operating	
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:		
	<b>Mr. Hawkins was contacted during a trespass call at High Point Regional Hospital. He was intoxicated and arrested for the above listed crime. He made idol threats toward me but there were no problems with arrest.</b>								
STATUS	Arresting Officer Signature/ID # <b>SPOON, J. M. (392213)</b>			Date/Time Submitted <b>08/30/2014 18:35</b>		Supervisor Signature <b>JOHNSON, C. R.</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				