

## 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>09/21/2014 09:30</b>		OCA <b>201428358</b>							
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract <b>2</b>		Arrest Number <b>2691768</b>							
A R R E S T E E	Name (Last, First, Middle) <b>WALKER, EARL DOUGLAS</b>				D.O.B.		Age <b>46</b>		Race <b>B</b>		Sex <b>M</b>		Place of Birth <b>VA</b>		Country of Citizenship <b>US</b>	
	Current Address <b>900 Anderson PI, HIGH POINT, NC 27260</b>				Phone <b>336-884-4097</b>		Occupation <b>Shipping Clerk</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown					
	Employer's Name <b>TRI-TEX</b>				Address <b>643 MCWAY DR</b>				Phone <b>336-434-4800</b>							
	Also Known As (Alias Names)				Hgt <b>5'06</b>		Wgt <b>145</b>		Hair <b>BRO</b>		Eyes <b>BRO</b>		Skin Tone <b>MBR</b>		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
	Scars, Marks, Tattoos <b>SCAR RGHT SIDE OF BODY / APPENDIX</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 type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant				Place of Arrest <b>900 ANDERSON PL, HIGH POINT</b>							
	Charge #1 <b>Communicating Threats</b>				<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>0820</b>		Offense Jurisdiction (if not arresting agency) <b>DAVIDSON</b>		Statute # <b>14-277.1</b>		Warr. Date <b>09/15/2014</b>	
	Charge #2 <b>Injury To Personal Property</b>				<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>1400</b>		Offense Jurisdiction (if not arresting agency) <b>DAVIDSON</b>		Statute # <b>14-160</b>		Warr. Date <b>09/15/2014</b>	
	Charge #3 <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) <b>DAVIDSON</b>		Statute # <b>14-159.13</b>		Warr. Date <b>09/15/2014</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				Place Confined				Committing Magistrate <b>LANDEN</b>							
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other				Bond Amount <b>\$1,000.00</b>		Trial Date <b>10/15/2014 09:00</b>		Court Of <b>Davidson County</b>		City <b>THOMASVILLE</b>					
	Assisting Officer Name/ID # <b>0</b>				Released By (Name/Department/ID #) <b>REED, K. S.</b>				Date/Time Released <b>09/21/2014 09:40:46</b>							
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:							
	<b>NCAWARE, negative local, p2p, and NCIC. No problems with arrest.</b>															
S T A T U S	Arresting Officer Signature/ID # <b>REED, K. S. (385026)</b>				Date/Time Submitted <b>09/21/2014 09:44</b>				Supervisor Signature <b>KUN, M. A.</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							