

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department				ORI 0410300 H0001		Date/Time Arrested 08/17/2014 19:37		OCA 201424609			
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract 8		Residence Tract 99		Arrest Number 2690968			
A R R E S T E E	Name (Last, First, Middle) HARRIS, JAIRUS JOSEPH				D.O.B.		Age 28	Race B	Sex M	Place of Birth	Country of Citizenship US	
	Current Address 4931 Thales Rd, WINSTON SALEM, NC 27104				Phone 252-268-3459		Occupation Staff		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident			
	Employer's Name LEVILOR				Address PREMIER DR				Phone			
	Also Known As (Alias Names)				Hgt 5'11	Wgt 200	Hair BLK	Eyes BRO	Skin Tone	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos				Social Security #		OLN and State		Misc. # and Type			
	Nearest Relative Name				Address				Phone			
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE				<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 3710 SPANISH PEAK DR, HIGH POINT					
	Charge #1 Possess Control Substance Schedule Vi		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(A3)6	Warr. Date			
	Charge #2 Possession Of Drug Paraphernalia		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1834	Offense Jurisdiction (if not arresting agency)		Statute # 90-113.22	Warr. Date			
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date			
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					
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date 09/22/2014 08:30		Court Of Guilford County		City HIGH POINT			
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #) ROBERTSON, D. M.				Date/Time Released 08/17/2014 19:38:00			
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					
	E	Z	0.73	GM	MARIJUANA		Possess Y	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:			
	subject was given a citation at the scene.											
S T A T U S	Arresting Officer Signature/ID # ROBERTSON, D. M. (317388)				Date/Time Submitted 08/17/2014 19:40		Supervisor Signature MARTIN, K. V.					
	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						