

## 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>09/14/2014 04:35</b>		OCA <b>201427585</b>	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>5</b>		Residence Tract <b>5</b>		Arrest Number <b>2691611</b>
A R R E S T E E	Name (Last, First, Middle) <b>MCFADDEN, TAMARA MONIQUE</b>			D.O.B.		Age <b>41</b>	Race <b>B</b>	Sex <b>F</b>
	Place of Birth <b>HIGH POINT, NC</b>			Country of Citizenship <b>US</b>				
	Current Address <b>3302 Crestview Dr, HIGH POINT, NC 27260</b>			Phone <b>336-210-5041</b>		Occupation <b>Owner</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name <b>MAMIES GIRLS</b>			Address <b>2004 E GREEN DR</b>			Phone <b>336-991-9630</b>	
	Also Known As (Alias Names) <b>MCFADDEN, TAMMY; MCFADDEN, TAMMY</b>			Hgt <b>5'05</b>	Wgt <b>145</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MBR</b> <input checked="" type="checkbox"/> Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>PRCD BOTH EAR / 3X EACH; SCAR</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>1300 BAILEY CI/E LEXINGTON AV, HIGH POINT</b>			
	Charge #1 <b>Possess Control Substance Schedule Vi</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A3)6</b>
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
V E H I C L E	VYR <b>2006</b>	Make <b>KIA</b>	Model <b>SORENTO</b>	Style <b>SUV</b>	Color <b>WHI</b>	Plate #/State <b>CJM6259 NC 2015</b>	VIN <b>KNDJD733X65632815</b>	
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured 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 _____ Date/Time <b>09/14/2014 00:00</b> <b>ALOT</b> Inventory on File? _____							
C O N F I N E D	Date/Time Confined <b>09/14/2014 06:00:00</b>		Place Confined <b>GUILFORD COUNTY JAIL</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>\$2,000.00</b>	Trial Date <b>10/17/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>
	Assisting Officer Name/ID # <b>MC GEE, T. L. 1</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	
	<b>E</b>	<b>Z</b>	<b>7.87</b>	<b>GM</b>	<b>MARIJUANA</b>		<b>Y</b>	Buy   Sale   Mfg.   Importing   Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	This subject was located, in the passenger seat of a vehicle, during a traffic stop on Bailey Ci near E Lexington Av. During the traffic stop, I gained consent to search the vehicle from this subject and the driver of the vehicle. A search of the vehicle was conducted, three baggies of marijuana were located in this subject's purse and one baggie of marijuana was located on this subject's person. This subject was transported to the County Building and brought before							
S T A T U S	Arresting Officer Signature/ID # <b>FINN, S. M. (387468)</b>			Date/Time Submitted <b>09/14/2014 06:11</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			

\*\* Continued \*\*

**ARREST REPORT (Additional Narrative)**

Agency Name <b>High Point Police Department</b>	ORI <b>0410300 H0001</b>	Date/Time Arrested <b>09/14/2014 04:35</b>	OCA <b>201427585</b>
Arrestee Name <b>MCFADDEN, TAMARA MONIQUE</b>			Arrest Number <b>2691611</b>

Magistrate Brannon. This subject was charged with misdemeanor possession of marijuana and placed in the Guilford County Jail under a \$2000 secured bond. There were no incidents with arrest.