

ARREST REPORT

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|--------------------------------------|---|--------------------------------------|---|---|--|--|--|--|---|-------------------------------------|-----------|-----------|
| A G E N C Y | Agency Name High Point Police Department | | ORI 0410300 H0001 | | Date/Time Arrested 08/27/2014 15:45 | | OCA 201425681 | | | | | |
| | <input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) | | Arrest Tract 6 | | Residence Tract 2 | | Arrest Number 2691192 | | | | |
| A R R E S T E E | Name (Last, First, Middle) MCNAIR, IAESHA SHANELLE | | | D.O.B. | | Age 23 | Race B | Sex F | Place of Birth HIGH POINT, NC | Country of Citizenship US | | |
| | Current Address 2900 E Kivett Dr, F, HIGH POINT, NC 27260 | | | Phone 336-965-9449 | | Occupation Cna | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | | | |
| | Employer's Name UNEMPLOYED | | | Address | | | | Phone 336-510-9393 | | | | |
| | Also Known As (Alias Names) PRATT, IAESHA; MCNAIR, IEASHA SHANELLE; | | | Hgt 5'10 | Wgt 164 | Hair BRO | Eyes BRO | Skin Tone MBR | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos SCAR LOWR STOMACH / SURGICAL SCAR; | | | 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 936 FORREST ST, HIGH POINT | | | | | | |
| | Charge #1 Larceny | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72(A) | Warr. Date 08/27/2014 | | | |
| | 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 | | | |
| 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 09/29/2014 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 08/27/2014 15:45:00 | | | | |
| 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 | | | | | |
| | | | | | | | Possess | Buy | Sale | Mfg. | Importing | Operating |
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| C O M P | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/> | | | | Address | | | | Phone: | | | |
| | subject was given a citation for larceny. | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # ROBERTSON, D. M. (317388) | | | | Date/Time Submitted 08/27/2014 15:54 | | 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 | | | | | | |