

ARREST REPORT

AGENCY	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/19/2014 01:20		OCA 201417672	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 2		Residence Tract 99		Arrest Number 2689613	
ARRESTEE	Name (Last, First, Middle) DECLUE, KEITH ALLEN				D.O.B.	Age 41	Race W	Sex M
	Current Address 3847 Rock Dam Ct, TRINITY, NC 27370				Phone		Occupation	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Employer's Name UNEMPLOYED				Address		Phone	
	Also Known As (Alias Names)				Hgt 5'05	Wgt 140	Hair BRO	Eyes BRO
					Skin Tone FAR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos TATT FORE ARM; TATT HAND				Social Security #		OLN and State	
ARREST	Nearest Relative Name				Address		Phone	
	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 1999 S COLLEGE DR/S MAIN ST, HIGH POINT	
	Charge #1 Failure To Appear		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (if not arresting agency)		Statute # FTA
	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 #
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 06/19/2014 01:15:56		Place Confined HIGH POINT JAIL		Committing Magistrate BRANNON			
	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 \$1,000.00	Trial Date 07/25/2014 08:30	Court Of Guilford County		City HIGH POINT	
	Assisting Officer Name/ID # 0		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:	
	I contacted this subject as he was walking on S Main St. Subject had an OFA in NCAWARE for FTA. Arrested without incident.							
STATUS	Arresting Officer Signature/ID # HURLEY, E. W. (392026)			Date/Time Submitted 06/19/2014 01:20		Supervisor Signature YANDLE, J. M.		
	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			