

## 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>09/16/2014 10:00</b>		OCA <b>201427854</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>2</b>		Residence Tract <b>6</b>		Arrest Number <b>2691656</b>					
A R R E S T E E	Name (Last, First, Middle) <b>ELLERBE, ASHLEY MONAE` ELZABETH</b>			D.O.B.		Age <b>21</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>630 Dogwood Ci, HIGH POINT, NC 27260</b>			Phone <b>336-991-0128</b>		Occupation <b>Cashier</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name <b>DOLLAR GENERAL</b>			Address <b>RANDLEMAN COUNTY</b>			Phone <b>336- -</b>						
	Also Known As (Alias Names) <b>ELLERBEE, ASHLEY M</b>			Hgt <b>5'04</b>	Wgt <b>98</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>LBR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>TATT CENT BACK / "KAMAURI 10/25/09";</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>211 S CENTENNIAL ST, HIGH POINT</b>								
	Charge #1 <b>Assault &amp; Battery</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0800</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(A)</b>	Warr. Date <b>09/05/2014</b>				
	Charge #2 <b>Probation Violation</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2660</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>PV</b>	Warr. Date <b>09/05/2014</b>				
	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 <b>09/16/2014 10:30:00</b>		Place Confined <b>HIGH POINT JAIL</b>			Committing Magistrate <b>LANDEN</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>\$1,000.00</b>		Trial Date <b>10/07/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>GREENSBORO</b>				
	Assisting Officer Name/ID # <b>0</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					
								Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:					
	Ellerbe was at the probation office where she was held and arrested for her warrants. I picked her up and transported her to the magistrate's office where she was placed under a \$1,000.00 secured bond and put in the High Point Jail.  Ellerbe was cooperative and gave me no issues.												
S T A T U S	Arresting Officer Signature/ID # <b>GREEMANN, A. W. (390086)</b>			Date/Time Submitted <b>09/16/2014 11:00</b>			Supervisor Signature <b>WEISNER, C. E.</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							