

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/14/2014 02:00		OCA 201417093	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 4		Residence Tract 4		Arrest Number 2689511	
A R R E S T E E	Name (Last, First, Middle) DELOACH, SONJA AVETTE			D.O.B.	Age 39	Race B	Sex F	Place of Birth
	Current Address 1109 Burton Ave, HIGH POINT, NC 272627929			Phone 336-483-4680		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident
	Employer's Name NOVANT HEALTH CARE			Address				Phone 336- -
	Also Known As (Alias Names)			Hgt 5'03	Wgt 190	Hair BLK	Eyes BRO	Skin Tone MED Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" 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 1309 BURTON AV, HIGH POINT			
	Charge #1 Contributing To The Delinquency And Neglect By Parents/other	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2010	Offense Jurisdiction (if not arresting agency)		Statute # 14-316.1	Warr. Date
	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 08/07/2014 08:30		Court Of Guilford County		City HIGH POINT
	Assisting Officer Name/ID # 0			Released By (Name/Department/ID #) HOWEY, G. P.			Date/Time Released 06/14/2014 02:20:48	
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:	
	NARRATIVE							
S T A T U S	Arresting Officer Signature/ID # HOWEY, G. P. (9175)			Date/Time Submitted 06/14/2014 02:00		Supervisor Signature BEASLEY, J. E.		
	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			