ARREST REPORT

ΑGI	Agency Name							ORI	Date/Time Arrested OCA										
G I E N N F	High Point Police Department						-	041030	0 H0001		07/09/2014 07:35 Residence Tract				201419922 Arrest Number				
ÇO	D Prints DE Photos							Arrest Tract		8						90061			
4 RR E Ø T E E O N F O	Name (Last, First, Middle)								D.O.B.	Age	Age Race Sex				Place of Birth Country of Citizenship				
	ECHEVERRI, ARTURO Current Address								Phone	22 W M				NEW YORK CITY, NY					
	2624 Maxine Dr, HIGH POINT, NC 27265								Phone Occupation Z Resider							n-Resident	Unknown		
	Employer's Name T-MOBILE							Address	DOVE	OVER AV, GREENSBORO					Phone				
	Also Known As (Alias Names)							•	Hgt 5'10			Hair BLK		Eyes BRO	- 1	in Tone	II	Drug/Alcohol	
	Scars, Marks, Tattoos							Social Secur		OLN and						fisc. # and Type			
	Nearest Relative Name							I Address			Phone								
	ineares	Relative	e Name			Address	Address							Pho	ne				
							minal Summons Citation			Place of Arrest 2624 MAXINE DR, HIGH POINT									
Α	Charge #1							Counts	DCI Code		se Juris						Statute #	Warr. Date	
R N E F S T	Tallitate To Appear						1		2640			NSBORO				FTA		07/03/2014	
	Charge #2					☐ Fel ☐ Misd	-	Counts	DCI Code	Offen	ise Juris	diction (ction (if not arresting agency)				Statute #	Warr. Date	
	Charge #3					☐ Fel ☐ Misd	(Counts	DCI Code Offense Juriso			ediction (if not arresting agency)				Statute #		Warr. Date	
V N E F H O	VYR Make Model			(Style		Color	Plate #/State	-	VIN									
	Vehicle 1. Left at Scene Secured Unsecure Date/Time																		
	2. Released to other at owners request Name of Other 3. Impounded Place of storage Inventory on File?																		
ОМZ-1200 О208	Date/Time Confined Place Confined 507 E GREEN D						DR	R Committing Magistrate NEWMAN											
	Type Bond Bond Amount Written Promise Unsecured					00	Trial Date 00 08/11/2014 08:30			Court Of City Guilford County GREENSBORO							1		
	☐ Secured ☐ No Bond ☐ Other Assisting Officer Name/ID #						Released By (I			(Name/Department/ID #)							Date/Time Released		
Status	Status											F - Fou	nd						
Codes	DCI Status Quantity Type Measure							Suspected						Ch	eck up to	3 types	of activity for	each	
	Status Quantity Type M				leasure		Suspeciel	:a Type			Po	ssess	Buy	Sale	Mfg.	Importing	Operating		
D R U G S																			
R AR U G S	 																		
Ŭ																			
-																			
COM	Name:	Comp	olainant⊡	Victim				Addres	s							Ph	none:	II.	
P N	Name:	Comp	olainant□	Victim 🗆				Addres	s							Ph	none:		
P N A R R	Name:	Comp	lainant□	Victim □				Addres	s							Pr	none:		
P N A R R A T I	Name:	Comp	lainant□	Victim				Addres	s							Ph	none:		
P NARRATIVE				Victim												Pr	none:		
P NARRATIVE ST			signature/ID #		2914)		Date	e/Time Subm		35	- 11		r Signat	ure K. V.		Pr	none:		
P NARRATIVE S	Arrestin	g Officer	Signature/ID# RAMEY, [D. T. (222 Case Dispos	sition:	/ No Supplemer		e/Time Subm 07/09	itted		- 11		-			Pr	none:		

DCI-608F Rev. 3/92