## ARREST REPORT

| Α .               | Agency Name                                                    |          |                              |                        |            |              |                 | ORI                                                                                                            |                                   | Da            | Date/Time Arrested                |                                         |               |            |                                     | OCA              |                           |                           |  |  |
|-------------------|----------------------------------------------------------------|----------|------------------------------|------------------------|------------|--------------|-----------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|-----------------------------------|-----------------------------------------|---------------|------------|-------------------------------------|------------------|---------------------------|---------------------------|--|--|
| G I<br>E N<br>N F | High Point Police Department                                   |          |                              |                        |            |              |                 | 041030                                                                                                         |                                   | $\overline{}$ | 08/30/2014 0                      |                                         |               |            | 201                                 | 1426017          |                           |                           |  |  |
| CO                | Taken Fingerprint Card Check Digit # (CKN) Prints              |          |                              |                        |            |              |                 | Arrest Trac                                                                                                    | t                                 |               | Residence Tract                   |                                         |               | ll l       | Arrest Number                       |                  |                           |                           |  |  |
| Y                 | ☐ Photos                                                       |          |                              |                        |            |              |                 |                                                                                                                | D.O.D.                            | 9             | 99                                |                                         | .1            | 26913      |                                     |                  |                           | O-material of             |  |  |
| A RRESTEE         | Name (Last, First, Middle)  SLUTSKY, AUSTIN RYAN               |          |                              |                        |            |              |                 |                                                                                                                | D.O.B.                            |               | Age <b>20</b>                     | Race<br>W                               | Sex M         |            | F                                   | Place of Bi      |                           | Country of<br>Citizenship |  |  |
|                   | Current Address                                                |          |                              |                        |            |              |                 |                                                                                                                | Phone                             |               |                                   |                                         | Occupation    |            |                                     | Re               |                           | ☑ Unknown                 |  |  |
|                   | 833 Montlieu Av, HIGH POINT, NC Employer's Name                |          |                              |                        |            |              |                 | Addres                                                                                                         | SS                                |               | Stud                              |                                         |               |            | Non-Resident ☐ Non-Resident ☐ Phone |                  |                           |                           |  |  |
|                   | HP                                                             |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   | Also Known As (Alias Names)                                    |          |                              |                        |            |              |                 | ·                                                                                                              | Hgt<br>■                          |               | 0                                 |                                         |               | Eyes       | ☐ Yes ☐                             |                  |                           | Drug/Alcohol  No 🔼 Unk    |  |  |
|                   | Scars, Marks, Tattoos                                          |          |                              |                        |            |              |                 | Social Sec                                                                                                     | ırity #                           |               | OLN and State Misc. # and Type    |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   | Nearest                                                        | Relative | Name                         |                        | Addres     | 3S           |                 | Phone                                                                                                          |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   | If Armer                                                       | 1 Type o | of Weapon                    |                        |            | Пp           | Place of Arrest |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| A I N F F O T     | <u> </u>                                                       |          |                              |                        |            |              |                 | al Summons<br>tation                                                                                           | Warrant                           | ll ll         |                                   | Place of Arrest  1100 FIFTH ST/F FARRIS |               |            |                                     | SS AV HIGH POINT |                           |                           |  |  |
|                   | Charge                                                         | #1       |                              |                        | Counts     | DCI Code     |                 | 1100 FIFTH ST/E FARRISS AV, HIGH POINT   Offense Jurisdiction (if not arresting agency)   Statute #   Warr. Di |                                   |               |                                   |                                         |               |            | Warr. Date                          |                  |                           |                           |  |  |
|                   | Poss Cont Subst W/intent Manuf Sched Vi                        |          |                              |                        |            |              |                 |                                                                                                                | 1810                              |               | 90-95(A)IM6 08/3                  |                                         |               |            |                                     |                  | 08/30/2014                |                           |  |  |
|                   | Charge #2 Trespass (second Degree)                             |          |                              |                        |            |              |                 | Counts                                                                                                         | DCI Code                          |               | Offense Jurisdiction (if not arre |                                         |               |            |                                     |                  |                           | Warr. Date                |  |  |
|                   | Trespass (second begree)                                       |          |                              |                        |            |              |                 |                                                                                                                | 2670                              |               |                                   |                                         |               |            | 14-159.1                            |                  |                           | 08/30/2014                |  |  |
|                   | Charge #3                                                      |          |                              |                        |            | ☐ Fel ☐ Misd |                 | Counts                                                                                                         | DCI Code                          |               | Offense                           | Jurisdict                               | ion (if not a | rresting   | agency)                             | Statute #        |                           | Warr. Date                |  |  |
| V E F<br>O        | VYR                                                            | Ма       | ake                          | Model                  | :          | Style        |                 | Color                                                                                                          | Plate #/Sta                       | te            |                                   |                                         | VIN           |            |                                     |                  |                           |                           |  |  |
|                   | Vehicle                                                        |          | Left at Scene                |                        | Secured    |              |                 |                                                                                                                | Date/Time                         |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   |                                                                |          | ☐ Released to ot ☐ Impounded | her at owners  Place o |            | ☐ Nam        | e of Ot         | ther                                                                                                           |                                   |               |                                   |                                         |               |            |                                     | Inventory        | on File?                  |                           |  |  |
| C B B C N D E     | Date/Tir                                                       | ne Confi |                              |                        | Place C    | onfined      |                 |                                                                                                                |                                   |               |                                   | Com                                     | mitting N     | lagistrate |                                     |                  |                           |                           |  |  |
|                   | Type Bond Bond Amount                                          |          |                              |                        |            |              |                 | Trial Date                                                                                                     |                                   | t. Of         |                                   |                                         |               | Oit.       |                                     |                  |                           |                           |  |  |
|                   | ☐ Written Promise ☐ Unsecured                                  |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   | Court Of  Guilford County               |               |            |                                     |                  | City HIGH POINT           |                           |  |  |
|                   | Secured No Bond Other  Assisting Officer Name/ID #             |          |                              |                        |            |              |                 |                                                                                                                | ed By (Name/Dep                   |               |                                   |                                         |               |            | Date/Time Released                  |                  |                           |                           |  |  |
| D                 |                                                                |          |                              |                        |            |              | CASH, B. W.     |                                                                                                                |                                   |               |                                   |                                         |               |            | 08/30/2014 01:40:24                 |                  |                           |                           |  |  |
| Status<br>Codes   |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| ARREST<br>DRUGS   | DCI Status Quantity Type Measure                               |          |                              |                        |            |              |                 | Suspected Type                                                                                                 |                                   |               |                                   |                                         | Possess       | Buy        | neck up to<br>Sale                  | 3 types of Mfg.  | of activity for Importing |                           |  |  |
|                   | E Z 9.44 GM                                                    |          |                              | и                      | MARIJUAN   |              |                 |                                                                                                                |                                   | Y             | Day                               | Caic                                    | iviig.        | importing  | Operating                           |                  |                           |                           |  |  |
|                   |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| G S               |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| <u>"</u>          |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
|                   |                                                                |          |                              |                        | -          |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| C<br>O<br>M       | Name:                                                          | Comp     | olainant□                    |                        | Address    |              |                 |                                                                                                                |                                   |               |                                   | Phone:                                  |               |            |                                     |                  |                           |                           |  |  |
| P<br>N            |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| A<br>R            |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| R<br>A            |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| Ţ                 |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| V<br>E            |                                                                |          |                              |                        |            |              |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| S<br>T            | Arresting Officer Signature/ID #                               |          |                              |                        |            |              |                 | Date/Time Submitted                                                                                            |                                   |               |                                   | Supervisor Signature                    |               |            |                                     |                  |                           |                           |  |  |
| A                 | CASH, B. W. (390220)                                           |          |                              |                        |            |              |                 | 08/3                                                                                                           | 08/30/2014 01:51   BEASLEY, J. E. |               |                                   |                                         |               |            |                                     |                  |                           |                           |  |  |
| T                 | Case Status: Case Disposition:  ☐ Further Inv.  ☐ Supplement I |          |                              |                        |            |              |                 | ded                                                                                                            | Arrestee                          | Signat        | ture                              |                                         |               |            |                                     |                  |                           |                           |  |  |
| S                 | ☐ Inac                                                         |          | ☑ Closed                     | ☐ Arrest /             | No Investi | gation       |                 |                                                                                                                |                                   |               |                                   |                                         |               |            |                                     |                  |                           | D -/-                     |  |  |

DCI-608F Rev. 3/92