

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 08/20/2014 15:12		OCA 201424881	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract 6		Arrest Number 2691019
A R R E S T E E	Name (Last, First, Middle) RAY, JOHNISHA LYNETTE			D.O.B.		Age 22	Race B	Sex F
	Current Address 1532 Ambridge Ct, HIGH POINT, NC 27260			Phone 336-841-6364		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name UNEMPLOYED			Address			Phone	
	Also Known As (Alias Names)			Hgt 5'02	Wgt 125	Hair BLK	Eyes BRO	Skin Tone LBR Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	Scars, Marks, Tattoos PRCD BOTH EAR / 1X; TATT RGHT LEG /			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 checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 1532 AMBRIDGE CT, 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 Warr. Date 08/12/2014
	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 08/20/2014 15:10:00		Place Confined 505 E GREEN DR		Committing Magistrate LANDEN			
	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 \$200.00		Trial Date 10/06/2014 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							
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:	
	Ray met me at Magistrate's Office for service; no problems with arrest.							
S T A T U S	Arresting Officer Signature/ID # HICKS, T. G. (11646)			Date/Time Submitted 08/20/2014 15:12			Supervisor Signature FELDE, D. J.	
	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			