

ARREST REPORT

AGENCY	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/23/2014 08:39		OCA 201418108	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 6		Residence Tract 6		Arrest Number 2689698	
ARRESTEE	Name (Last, First, Middle) SOSA, VICENTA PLIEGO				D.O.B.	Age 38	Race W	Sex F
	Current Address 1604 Larkin St, HIGH POINT, NC 27262				Phone 336-404-0846		Occupation Waitress	
	Employer's Name MI PUEBLO				Address 111 NORTHPOINT			
	Also Known As (Alias Names)				Hgt 5'01	Wgt 130	Hair BLK	Eyes BRO
					Skin Tone MBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos				Social Security #		Misc. # and Type	
ARREST	Nearest Relative Name				Address			
	Phone							
	If Armed, Type of Weapon NOT APPLICABLE/NONE				Place of Arrest 1604 LARKIN ST, HIGH POINT			
	<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							
	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 06/13/2014
	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	
VEHICLE	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? _____							
CONFINED	Date/Time Confined 06/23/2014 09:05:00		Place Confined GC JAIL		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 07/21/2014 08:30	Court Of Guilford County		City GREENSBORO	
	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							
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each	
							Possess	Buy
							Sale	Mfg.
							Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address			Phone:
	CHECKED NCIC/NCAWARE SPEAKS NO ENGLISH							
STATUS	Arresting Officer Signature/ID # TENNANT, B. E. (3139)			Date/Time Submitted 06/23/2014 08:39		Supervisor Signature MARTIN, K. V.		
	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			