

## ARREST REPORT

AGENCY	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>06/30/2014 12:28</b>		OCA <b>201418886</b>		
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ7702K</b>	Arrest Tract		Residence Tract <b>5</b>		Arrest Number <b>2689845</b>		
ARRESTEE	Name (Last, First, Middle) <b>LILLISTON, MARCEL RENEE</b>			D.O.B.	Age <b>39</b>	Race <b>B</b>	Sex <b>F</b>	Place of Birth <b>PHILADELPHIA, PA</b>	Country of Citizenship <b>US</b>
	Current Address <b>1437 West Av, B, HIGH POINT, NC 27260</b>			Phone <b>336- -</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone	
	Also Known As (Alias Names)			Hgt <b>5'04</b>	Wgt <b>250</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MBR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>MISS FRON TEETH; BMAR UPLF LEG /</b>			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name			Address				Phone	
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>1437 WEST AV - B, HIGH POINT</b>				
	Charge #1 <b>Assault Inflicting Serious Injury Or Awdw</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(1)</b>	Warr. Date <b>05/27/2014</b>	
	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		Place Confined			Committing Magistrate <b>BRANNON</b>			
	Type Bond <input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>08/08/2014 08:00</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>	
	Assisting Officer Name/ID # <b>INTHISANE, D. T. 2</b>		Released By (Name/Department/ID #) <b>GARRETT, B. K.</b>			Date/Time Released <b>06/30/2014 12:32:11</b>			
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:		
	see field sheet								
STATUS	Arresting Officer Signature/ID # <b>GARRETT, B. K. (215895)</b>			Date/Time Submitted <b>06/30/2014 12:28</b>		Supervisor Signature <b>FOX, C. S.</b>			
	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				