

## ARREST REPORT

A G E N C Y	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>06/12/2014 22:56</b>		OCA <b>201416947</b>	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>4</b>		Residence Tract <b>4</b>		Arrest Number <b>2689466</b>
A R R E S T E E	Name (Last, First, Middle) <b>STALEY, SAMANTHA DIONNE</b>			D.O.B.		Age <b>35</b>	Race <b>B</b>	Sex <b>F</b>
	Current Address <b>2732 Annmoore Ci, HIGH POINT, NC 27262</b>			Phone <b>336-991-4178</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident
	Employer's Name <b>MCDONALDS</b>			Address <b>RT 68 HIGH POINT</b>				Phone
	Also Known As (Alias Names)			Hgt <b>5'07</b>	Wgt <b>130</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b> Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name			Address				Phone
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>2732 ANNMOORE CI, HIGH POINT</b>			
	Charge #1 <b>Possess Control Substance Schedule Vi</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A3)6</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
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		Place Confined			Committing Magistrate		
	Type Bond <input 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>07/25/2014 08:00</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>
	Assisting Officer Name/ID # <b>GARRETT, B. K. 1</b>		Released By (Name/Department/ID #) <b>INTHISANE, D. T.</b>			Date/Time Released <b>06/12/2014 22:00:00</b>		
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	
	<b>E</b>	<b>Z</b>	<b>0.36</b>	<b>GM</b>	<b>MARIJUANA</b>		Possess <b>Y</b>	Buy
							Sale	Mfg.
							Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	see field sheet.							
S T A T U S	Arresting Officer Signature/ID # <b>INTHISANE, D. T. (202305)</b>			Date/Time Submitted <b>06/12/2014 22:56</b>		Supervisor Signature <b>GARRETT, B. K.</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			