

## 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>07/05/2014 01:05</b>		OCA <b>201419455</b>		
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ7746N</b>	Arrest Tract <b>3</b>		Residence Tract <b>3</b>		Arrest Number <b>2689961</b>		
A R R E S T E E	Name (Last, First, Middle) <b>LEMMINGS, BRIDGETT LEE</b>			D.O.B.	Age <b>27</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>LEXINGTON, NC</b>	Country of Citizenship <b>US</b>
	Current Address <b>1602 Fowler Pl, HIGH POINT, NC 27260</b>			Phone <b>336-991-1745</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name <b>ELM STREET CAFE</b>			Address <b>200 N ELM ST</b>			Phone <b>336-861-4195</b>		
	Also Known As (Alias Names)			Hgt <b>5'03</b>	Wgt <b>105</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos <b>SCAR CENT STOMACH / SCAR FROM AN</b>			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 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>1602 FOWLER PL, HIGH POINT</b>				
	Charge #1 <b>Affray Or Simple Assault</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0890</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33</b>	Warr. Date <b>07/04/2014</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	
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 <b>07/05/2014 02:30:00</b>		Place Confined <b>505 E GREEN DR</b>		Committing Magistrate <b>BILLIPS</b>				
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other	Bond Amount <b>\$0.00</b>	Trial Date <b>08/08/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>		
	Assisting Officer Name/ID # <b>0</b>		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:		
	no problems during arrest								
S T A T U S	Arresting Officer Signature/ID # <b>VETELL, J. K. (387768)</b>			Date/Time Submitted <b>07/05/2014 01:05</b>		Supervisor Signature <b>WILLIS, D. D.</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				