## ARREST REPORT

| Α.                | Agency Name   |   |                                 |            |                 |                 |         | ORI                             | Date                               | Date/Time Arrested OCA |  |   |                                   |       |                               |                    |                 |            |  |  |
|-------------------|---|---|---------------------------------|------------|-----------------|-----------------|---------|---------------------------------|------------------------------------|------------------------|--|---|-----------------------------------|-------|-------------------------------|--------------------|-----------------|------------|--|--|
| G I<br>E N<br>N F | High Point Police Department                                      |   |                                 |            |                 |                 |         | 041030                          |                                    | -                      |  |   |                                   |       |                               | 201424359          |                 |            |  |  |
| CO                | Taken   |   |                                 |            |                 |                 |         | Arrest Tract                    | t                                  |                        | Residence Tract  |   |                                   |       | Arrest Number                 |                    |                 |            |  |  |
| Y                 | Photos Name (Last, First, Middle)                                 |   |                                 |            |                 |                 |         | 2                               | 1 505                              | 2                      |  |   | 1 0                               | _   : | 26909                         |                    |                 |            |  |  |
| ARRESTEE          | MITCHEM, GARY LEE SR  |   |                                 |            |                 |                 |         |                                 | D.O.B.                             |                        | Age Race Sex WEL   |   |                                   |       |                               | Citizonchin        |                 |            |  |  |
|                   | Current Address 1513 Valley Ridge Dr, HIGH POINT, NC 27260        |   |                                 |            |                 |                 |         |                                 | Phone <b>336-887-7</b>             | 468                    | Occupation Lands   |   |                                   |       | Resident Unknown Non-Resident |                    |                 |            |  |  |
|                   | Employer's Name  DEPENDABLE TREE SERVICE                          |   |                                 |            |                 |                 |         | Addres                          | 15                                 |                        |  |   | LEY RIDGE DR                      |       |                               | Phone              |                 |            |  |  |
|                   | Also Known As (Alias Names)  MITCHEM, GARY  Scars, Marks, Tattoos |   |                                 |            |                 |                 |         | Social Secu                     | Hgt<br>6'01                        |                        | Wgt         Hair           185         BRO           OLN and State                                   |   |                                   | BRO F |                               |                    | RUD             |            |  |  |
|                   |   |   | HT HAND /                       | 'ANN; 1    | TATT I          | RGHT FO         | RE      | Social Sect                     | oosaa oosaany                      |                        |  |   | CLIV and Glate                    |       |                               |                    | So. II and Type |            |  |  |
|                   |   | t Relative  |                                 | •          | Addres          |                 | Phone   |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| A R I N E S T     |   |   |                                 |            |                 |                 |         | al Summons                      |                                    | Ш                      | Place of Arrest  |   |                                   |       |                               |                    |                 |            |  |  |
|                   | Charge #1   |   |                                 |            |                 |                 | ☐ Ci    | tation L                        | Warrant<br>DCI Code                |                        | 1513 VALLEY RIDGE DR, HIGH POINT Offense Jurisdiction (if not arresting agency) Statute # Warr. Date |   |                                   |       |                               |                    |                 |            |  |  |
|                   | Failure To Appear   |   |                                 |            |                 | Fel Misd        | 1       |                                 | 2640                               |                        |  |   |                                   |       |                               | FTA Statute #      |                 | 08/11/2014 |  |  |
|                   | Charge #2   |   |                                 |            |                 | ☐ Fel<br>☐ Misd |         | Counts                          | DCI Code                           | DCI Code Offen         |  | Offense Jurisdiction (if not arresting agen |                                   |       |                               | S                  | Warr. Date      |            |  |  |
|                   | Charge #3   |   |                                 |            |                 | ☐ Fel ☐ Misd    |         | Counts                          | DCI Code                           | DCI Code Offense Juris |  |   | diction (if not arresting agency) |       |                               |                    | tatute #        | Warr. Date |  |  |
| V E F O           | VYR Make Model  |   |                                 |            | Style           | •               | Color   | Plate #/State                   | VIN                                |                        |  |   |                                   | •     |                               |                    |                 |            |  |  |
|                   | Vehicle   |   | ☐ Left at Scene☐ Released to ot |            | Secured request | ☐ Unse          |         | ther                            | Date/Time_                         |                        |  | '   | '                                 | _     |                               |                    |                 |            |  |  |
|                   | 3. Impounded Place of storage Inventory on File?                  |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| BOZD<br>COXF-ZED  | Date/Time Confined Place Confined 507 E GREEN D                   |   |                                 |            |                 |                 |         | Committing Magistrate BRANNON   |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
|                   | Type Bond Bond Amount   |   |                                 |            |                 |                 |         | Trial Date                      |                                    |                        |  | Court Of City                               |                                   |       |                               |                    |                 |            |  |  |
|                   | ☐ Written Promise ☐ Unsecured  Secured ☐ No Bond ☐ Other  \$1,000 |   |                                 |            |                 |                 | .00     | 00 09/12/2014 08:30             |                                    |                        | Guilford County  |   |                                   |       | HIGH POINT                    |                    |                 |            |  |  |
|                   | Assisting Officer Name/ID #                                       |   |                                 |            |                 |                 |         | Released By (Name/Department/ID |                                    |                        |  | nt/ID#)                                     |                                   |       |                               | Date/Time Released |                 |            |  |  |
| Status<br>Codes   | tus   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| D R U G S         | DCI Status Quantity Type Measure                                  |   |                                 |            |                 |                 |         | Supported Type                  |                                    |                        |  |   |                                   | С     | heck up to                    | 3 types            | of activity for | each       |  |  |
|                   | DCI Status Quantity Type Mo                                       |   |                                 |            | leasure         |                 |         | Suspected Type                  |                                    |                        | Possess B  |   |                                   | Buy   | Sale                          | Mfg.               | Importing       | Operating  |  |  |
|                   |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  | _   |                                   |       |                               |                    |                 |            |  |  |
|                   |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| ÜAR               |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| ST                |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| -                 |   | <del>                                      </del> |                                 |            |                 |                 |         |                                 |                                    |                        |  | -   |                                   |       | -                             |                    |                 |            |  |  |
| +                 |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
|                   |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| C<br>O<br>M<br>P  | Name:   | Comp  | olainant□                       |            | Address         |                 |         |                                 |                                    | Phone:                 |  |   |                                   |       |                               |                    |                 |            |  |  |
| N                 |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| A<br>R            |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| R<br>A            |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| T<br>I            |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| V<br>E            |   |   |                                 |            |                 |                 |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| S<br>T            | Arresting Officer Signature/ID #                                  |   |                                 |            |                 |                 |         | Date/Time Submitted             |                                    |                        |  | Supervisor Signature                        |                                   |       |                               |                    |                 |            |  |  |
| A                 | JONES, S. M. (387766)  Case Status: Case Disposition:             |   |                                 |            |                 |                 |         | U8/1                            | 08/15/2014 14:13    GOODMAN, J. T. |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| T<br>U            | ☐ Further Inv. ☐ Cleared By Arrest / No Supplement                |   |                                 |            |                 |                 | nt Need |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 |            |  |  |
| S                 | ☐ Ina   |   | ☑ Closed                        | ☐ Arrest / | No Investi      | gation          |         |                                 |                                    |                        |  |   |                                   |       |                               |                    |                 | D 0/0      |  |  |

DCI-608F Rev. 3/92