

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 08/06/2014 12:40		OCA 201423311	
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) QQ8000G		Arrest Tract		Residence Tract 2		Arrest Number 2690711
A R R E S T E E	Name (Last, First, Middle) MCMILLAN, JOHN JUNIOR			D.O.B.		Age 35	Race B	Sex M
	Current Address 2206 E Lexington Av, HIGH POINT, NC 272623526			Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name			Address			Phone	
	Also Known As (Alias Names) MCMILLAN, JOHN; MCMILLAN, JUNIOR; WILSON,			Hgt 5'06	Wgt 160	Hair BLK	Eyes BRO	Skin Tone MED Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos SCAR RGHT FORE ARM; SCAR RGHT			Social Security #		OLN and State		Misc. # and Type
	Nearest Relative Name			Address			Phone	
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 399 MEREDITH ST/OLIVIA PL, HIGH POINT			
	Charge #1 Possess Control Substance Schedule II		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(A3)2
	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 08/06/2014 00:00:00		Place Confined COUNTY BUILDING			Committing Magistrate KIMEL		
	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 \$1,000.00		Trial Date 09/08/2014 00:00		Court Of Guilford County City HIGH POINT	
	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							
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each	
	A	Z	1.08	GM	"CRACK" COCAINE		Y	
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	I stopped Mr. McMillan on a traffic stop for not wearing his helmet properly. I asked Mr. McMillan if I could search him and he consented to the search. I found a baggy of Crack Cocaine in his front right pocket.							
S T A T U S	Arresting Officer Signature/ID # BYROM, O. R. (368362)			Date/Time Submitted 08/06/2014 15:42			Supervisor Signature JOHNSON, C. R.	
	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		