

## ARREST REPORT

|              |                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                       |                                                   |                                                                       |                                              |                                          |                                                                                                                        |                                                                                                                           |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| AGENCY       | Agency Name<br><b>High Point Police Department</b>                                                                                                                                                                                                                                                                                                                      |                                                                          | ORI<br><b>0410300 H0001</b>                                                                                                                                                                           |                                                   | Date/Time Arrested<br><b>09/19/2014 15:40</b>                         |                                              | OCA<br><b>201428230</b>                  |                                                                                                                        |                                                                                                                           |
|              | Taken<br><input checked="" type="checkbox"/> Prints<br><input checked="" type="checkbox"/> Photos                                                                                                                                                                                                                                                                       | Fingerprint Card Check Digit # (CKN)<br><b>QQ8402R</b>                   | Arrest Tract<br><b>1</b>                                                                                                                                                                              |                                                   | Residence Tract<br><b>1</b>                                           |                                              | Arrest Number<br><b>2691741</b>          |                                                                                                                        |                                                                                                                           |
| ARRESTEE     | Name (Last, First, Middle)<br><b>GROVE, RUSTY ALAN</b>                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                       | D.O.B.                                            | Age<br><b>47</b>                                                      | Race<br><b>W</b>                             | Sex<br><b>M</b>                          | Place of Birth                                                                                                         | Country of Citizenship                                                                                                    |
|              | Current Address<br><b>117 E Swathmore, 2F, HIGH POINT, NC 27263</b>                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                                                                                                                                       | Phone<br><b>336-259-9904</b>                      |                                                                       | Occupation<br><b>Self Employed</b>           |                                          | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |                                                                                                                           |
|              | Employer's Name<br><b>GROVE RESTORATION</b>                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                                       | Address<br><b>302-C TRINDALE RD. ARCHDALE, NC</b> |                                                                       |                                              | Phone<br><b>336- -</b>                   |                                                                                                                        |                                                                                                                           |
|              | Also Known As (Alias Names)                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                                       | Hgt<br><b>6'01</b>                                | Wgt<br><b>200</b>                                                     | Hair<br><b>BRO</b>                           | Eyes<br><b>HAZ</b>                       | Skin Tone                                                                                                              | Consumed Drug/Alcohol<br><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                                                                                                                  |                                                                                                                           |
| ARREST       | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant |                                                   | Place of Arrest<br><b>117 E SWATHMORE AV - 2F, HIGH POINT</b>         |                                              |                                          |                                                                                                                        |                                                                                                                           |
|              | Charge #1<br><b>Vio Dom Violence Act</b>                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd | Counts<br><b>1</b>                                                                                                                                                                                    | DCI Code<br><b>2690</b>                           | Offense Jurisdiction (if not arresting agency)<br><b>RANDOLPH CO.</b> |                                              | Statute #<br><b>50B-4B</b>               | Warr. Date<br><b>09/14/2014</b>                                                                                        |                                                                                                                           |
|              | Charge #2                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd            | Counts                                                                                                                                                                                                | DCI Code                                          | Offense Jurisdiction (if not arresting agency)                        |                                              | Statute #                                | Warr. Date                                                                                                             |                                                                                                                           |
|              | Charge #3                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Fel<br><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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |                                                                          |                                                                                                                                                                                                       |                                                   |                                                                       |                                              |                                          |                                                                                                                        |                                                                                                                           |
| CONFINED     | Date/Time Confined<br><b>09/19/2014 16:46:00</b>                                                                                                                                                                                                                                                                                                                        |                                                                          | Place Confined<br><b>HIGH POINT JAIL</b>                                                                                                                                                              |                                                   |                                                                       | Committing Magistrate<br><b>GILLESPIE</b>    |                                          |                                                                                                                        |                                                                                                                           |
|              | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other                                                                                                                                                                 |                                                                          | Bond Amount<br><b>\$0.00</b>                                                                                                                                                                          | Trial Date<br><b>10/17/2014 08:30</b>             |                                                                       | Court Of<br><b>Randolph County</b>           |                                          | City<br><b>ASHEBORO</b>                                                                                                |                                                                                                                           |
|              | Assisting Officer Name/ID #<br><b>LEMONS, B. L. 2</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                                                                                                                                                                                                                                                    |                                                                          |                                                                                                                                                                                                       |                                                   |                                                                       |                                              |                                          |                                                                                                                        |                                                                                                                           |
| 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:                                   |                                                                                                                        |                                                                                                                           |
|              | Subject arrested at his residence for out of county WFA for violation of 50B. Transported to the PD where he was processed and then to the County Building where he was confined under a domestic hold.                                                                                                                                                                 |                                                                          |                                                                                                                                                                                                       |                                                   |                                                                       |                                              |                                          |                                                                                                                        |                                                                                                                           |
| STATUS       | Arresting Officer Signature/ID #<br><b>JARRELL, K. J. (387081)</b>                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                                                                                                                                       | Date/Time Submitted<br><b>09/19/2014 15:40</b>    |                                                                       | Supervisor Signature<br><b>MARTIN, K. V.</b> |                                          |                                                                                                                        |                                                                                                                           |
|              | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed                                                                                                                                                                                                                                   |                                                                          | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation                                               |                                                   | Arrestee Signature                                                    |                                              |                                          |                                                                                                                        |                                                                                                                           |