## **ARREST REPORT**

| ΑGI               | Agency  |   |  |                         | ORI     |                       | Date/Time A                            |                |                  |                      | ll l                                     |                          |                                |                       | OCA                                    |                 |                  |                          |                           |  |
|-------------------|---|---|--|-------------------------|---------|-----------------------|--|----------------|------------------|----------------------|--|--------------------------|--------------------------------|-----------------------|--|-----------------|------------------|--------------------------|---------------------------|--|
| G I<br>E N<br>N F | High Point Police Department  Taken   Fingerprint Card Check Digit # (CKN)                            |   |  |                         |         |                       |  | 041030         |                  |                      |  |                          |                                |                       | 201428149                              |                 |                  |                          |                           |  |
| ÇO                | ☐ Prints ☐ Photos   |   |  |                         |         |                       |  | Arrest Tract 7 |                  | Residence Tract      |  |                          |                                | Arrest Number 2691715 |  |                 |                  |                          |                           |  |
|                   | Name (Last, First, Middle)  |   |  |                         |         |                       |  |                | D.O.B.           | .B. A                |  | Age Race Se              |                                | ex                    |  | F               | Place of B       |                          | Country of<br>Citizenship |  |
| ARRESTEE          |   | DER<br>Address  | ON, BER  |                         |         | Phone                 |  | 40             | W                | M                    |  |                          |                                | п                     | US                                     |                 |                  |                          |                           |  |
|                   |   |   | idow Valle   | C 2                     | 7265    | 336-822-1433          |  |                | Occupation       |                      |  |                          | Resident Unknown  Non-Resident |                       |  |                 |                  |                          |                           |  |
|                   |   | er's Nam  |  |                         | Addres  | s                     |  |                |                  |                      | Phone                                    |                          |                                |                       |  |                 |                  |                          |                           |  |
|                   | Also Known As (Alias Names)   |   |  |                         |         |                       |  |                | Hgt              | Wgt                  | air Eyes                                 |                          |                                | l si                  | in Tone                                | d Drug/Alcohol  |                  |                          |                           |  |
|                   | ,   |   |  |                         |         |                       |  |                | 5'06             |                      | 160                                      | BL                       | 1 ' 1                          |                       |  | 1 -             | OLV              | ☑ No ☐ Unk               |                           |  |
|                   | Scars, Marks, Tattoos   |   |  |                         |         |                       |  | Social Secu    | ırity #          |                      | OLN and State                            |                          | ate                            | 1                     |  | Mi              | Misc. # and Type |                          |                           |  |
|                   |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| A RR FO           | Nearest   | Relative  | Name   |                         | Addres  | 3                     |  | Phone          |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
|                   | If Armed, Type of Weapon  |   |  |                         |         |                       |  | al Summons     |                  | П                    | Place of Arrest                          |                          |                                |                       |  |                 | Ш                |                          |                           |  |
|                   | NOT APPLICABLE/NONE   |   |  |                         |         |                       | ☐ Ci                                   |                | Warrant          |                      |  |                          |                                |                       |  |                 | HIGH F           |                          |                           |  |
|                   | Charge #1 Failure To Appear  □ Fel □ Misd   |   |  |                         |         |                       |  | Counts         | DCI Code         | Offense              | Jurisdic                                 | tion (if no              | ot arres                       | sting a               | igency)                                |                 | Statute #        | Warr. Date               |                           |  |
|                   | Charge #2   |   |  |                         |         |                       | 1                                      | Counts         | 2640<br>DCI Code |                      | Offense Jurisdiction (if not arresting a |                          |                                |                       |  | igency)         | 5                | 07/16/2014<br>Warr. Date |                           |  |
|                   |   |   |  |                         |         | Fel Misd              |  |                |                  |                      | ,  |                          |                                |                       |  |                 |                  |                          |                           |  |
|                   | Charge  | #3  |  |                         |         | ☐ Fel                 |  | Counts         | DCI Code         |                      | Offense Jurisdiction (if not a           |                          |                                |                       | esting agency) S <sup>r</sup>          |                 |                  | Statute #                | Warr. Date                |  |
| > E H O           |   |   |  |                         |         | ☐ Misd                |  |                | 1                |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
|                   | VYR   | Ma  | ake  | Model Style             |         |                       |  | Color          | Plate #/Sta      | Plate #/State        |  |                          | VIN                            |                       |  |                 |                  |                          |                           |  |
|                   | Vehicle   | 1. [  | Left at Scene  |                         | Secured | ☐ Unse                |  |                | Date/Time        |                      |  |                          | II                             |                       |  |                 |                  |                          |                           |  |
| пo                |   |   | <ul><li>☐ Released to ot</li><li>☐ Impounded</li></ul> | her at owners  Place of |         | ☐ Nam                 | e of O                                 | ther           |                  |                      |  |                          |                                |                       |  |                 | Inventory        | on File?                 |                           |  |
| CO B F N D        | Date/Tir  | ne Confi  |  |                         |         | Committing Magistrate |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
|                   | Type Bond Bond Amount   |   |  |                         |         |                       | DIN                                    | Trial Date     |                  |                      |  | GILLESPIE  Court Of City |                                |                       |  |                 |                  |                          |                           |  |
|                   | ☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other \$50  |   |  |                         |         |                       | .00                                    | 10/17/2        | 2014 08:30       | ll l                 |  |                          | uilford County                 |                       |  |                 | HIGH POINT       |                          |                           |  |
| E<br>D            | Assisting Officer Name/ID #   |   |  |                         |         |                       | Released By (Name/Depart SUAREZ, M. E. |                |                  |                      | ment/ID #)                               |                          |                                |                       | Date/Time Released 09/18/2014 23:45:00 |                 |                  |                          |                           |  |
| Status<br>Codes   | us Living Codes D. Daward D. Daward D. Daward D. Daward D. Daward D. Coverteit/Farred D. F. Farred    |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| A R A R U T E     | DCI Status Quantity Type Measure  |   |  |                         |         |                       | ed Type                                |                |                  | Ц                    |  |                          | Ch                             | eck up to             | 3 types                                | of activity for | each             |                          |                           |  |
|                   |   |   |  |                         |         |                       |  |                |                  |                      |  |                          | Posses                         | ss                    | Buy                                    | Sale            | Mfg.             | Importing                | Operating                 |  |
|                   |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                | $\top$                |  |                 |                  |                          |                           |  |
|                   |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| G TE              |   |   |  | +                       |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| Ŭ                 |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| ļ                 |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                | 4                     |  |                 |                  |                          |                           |  |
|                   | <del>                                      </del>   |   |  |                         |         |                       |  |                |                  |                      |  | _                        |                                | +                     |  |                 |                  |                          |                           |  |
| C O M             |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 | Ph               | none:                    |                           |  |
| P<br>N            | The   | The defendant turned himself in at the Magistrate's Office for an OFA/FTA. He had a preset \$50 |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 | \$50             |                          |                           |  |
| A<br>R            | whic  | which he posted. He was given a new court date of 10/17/14.                                     |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| R<br>A<br>T       | No I  | robl  | .ems.  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| I<br>V            |   |   |  |                         |         |                       |  |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| E<br>S            | Arrestin  | g Officer   | Signature/ID #   |                         |         |                       | Dat                                    | te/Time Subn   |                  | Supervisor Signature |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| T<br>A            | SUAREZ, M. E. (383621)  |   |  |                         |         |                       |  | 09/19          | ):15             |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| Ť                 | Case Status: Case Disposition:  ☐ Further Inv. ☐ Case Disposition: ☐ Further Inv. ☐ Case Disposition: |   |  |                         |         |                       | nt Nes                                 | ded            | Arrestee         | Arrestee Signature   |  |                          |                                |                       |  |                 |                  |                          |                           |  |
| Š                 | ☐ Ina   |   | ☑ Closed   | Arrest /                | •       |                       | 1400                                   |                |                  |                      |  |                          |                                |                       |  |                 |                  |                          |                           |  |

DCI-608F Rev. 3/92