

## 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>08/14/2014 02:11</b>		OCA <b>201424211</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>7</b>		Residence Tract <b>7</b>		Arrest Number <b>2690882</b>				
A R R E S T E E	Name (Last, First, Middle) <b>DONAIRE-ACOSTA, ALEJANDRA STEPHANIE</b>			D.O.B.		Age <b>21</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth	Country of Citizenship		
	Current Address <b>4105 Wellingham Ln, HIGH POINT, NC 272658176</b>			Phone <b>336-259-3327</b>		Occupation <b>Staff</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>BURGER KING</b>			Address <b>5805 SAMET DR HIGH POINT NC 27265</b>			Phone <b>336-885-0693</b>					
	Also Known As (Alias Names)			Hgt <b>4'11</b>	Wgt <b>110</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin Tone <b>LBR</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>PRCD UPLF LIP / PRCD 1X STUD</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>136 WELCH DR, HIGH POINT</b>							
	Charge #1 <b>Impaired Driving</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2100</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-138.1(A)</b>	Warr. Date <b>08/14/2014</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 <b>2001</b>	Make <b>SUZI</b>	Model <b>ESTEEM</b>	Style <b>4D</b>	Color <b>SIL</b>	Plate #/State <b>ZNY6564 NC 2010</b>	VIN <b>JS2GB41S015205859</b>					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Name of Other _____ Date/Time <b>08/14/2014 00:00</b> 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ <b>ALOT</b> 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		Place Confined			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>\$600.00</b>		Trial Date <b>09/22/2014 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 #) <b>MILLS, T. L.</b>			Date/Time Released <b>08/14/2014 03:15:50</b>					
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:				
N A R R A T I V E	On 08/14/14, The suspect was located a short distance from the scene of the accident that she had just fled. The suspect was cooperative during the encounter. The suspect was placed under arrest for DWI, hit & run-pd and running a red light. She was given an unsecured bond and released.											
S T A T U S	Arresting Officer Signature/ID # <b>MILLS, T. L. (238719)</b>			Date/Time Submitted <b>08/14/2014 02:11</b>			Supervisor Signature <b>GREEN, T. L.</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						