

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 07/24/2014 01:14		OCA 201421762					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract 2		Residence Tract 99		Arrest Number 2690404				
A R R E S T E E	Name (Last, First, Middle) CHASTAIN, GABRIEL KANE			D.O.B.		Age 16	Race W	Sex M	Place of Birth	Country of Citizenship US		
	Current Address 4 Spruce Dr, ARDEN, NC 28732			Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone					
	Also Known As (Alias Names)			Hgt '	Wgt 0	Hair	Eyes	Skin Tone	Consumed Drug/Alcohol <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					
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 0 BUSINESS I-85/I-74/US 311, HIGH POINT							
	Charge #1 Possess Schedule Vi		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(D)4	Warr. Date			
	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 2007	Make TOYT	Model PRIUS	Style 4S	Color SIL	Plate #/State ILW859 SC 2014	VIN JTDKB20U973256812					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time 07/24/2014 00:00 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? ALOT											
C O N F I N E D	Date/Time Confined		Place Confined			Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00		Trial Date 09/01/2014 08:30		Court Of Guilford County		City HIGH POINT			
	Assisting Officer Name/ID # MCNEAL, R. D. 2			Released By (Name/Department/ID #) SIX, D. A.			Date/Time Released 07/24/2014 02:30:00					
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					
	E	Z	7.80	GM	MARIJUANA		Possess Y	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	Came in contact with subject during a traffic stop. Odor of marijuana. No incident during arrest.											
S T A T U S	Arresting Officer Signature/ID # SIX, D. A. (386715)			Date/Time Submitted 07/24/2014 05:30			Supervisor Signature GAMBLE, A. L.					
	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						

** Continued **

ARREST REPORT (Additional Narrative)

Agency Name High Point Police Department	ORI 0410300 H0001	Date/Time Arrested 07/24/2014 01:14	OCA 201421762
Arrestee Name CHASTAIN, GABRIEL KANE			Arrest Number 2690404

Subject was cited and released.