

ARREST REPORT

AGENCY	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 09/14/2014 11:30		OCA 201427610		
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract 4		Arrest Number 2691612		
ARRESTEE	Name (Last, First, Middle) PAIGE, ALCYIA NYSHELLE			D.O.B.	Age 19	Race B	Sex F	Place of Birth THOMASVILLE, NC	Country of Citizenship US
	Current Address 300 Oakwood St, 2C, HIGH POINT, NC 27262			Phone 336-848-4974		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident	
	Employer's Name UNEMPLOYED			Address			Phone		
	Also Known As (Alias Names) PAIGE, ALICIA; WOO; PAGE, ALECIA NYSHOLLEA			Hgt 5'07	Wgt 135	Hair BLK	Eyes BRO	Skin Tone DBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TATT LEFT FORE ARM / BISHOP; BMAR		Social Security #		OLN and State		Misc. # and Type		
	Nearest Relative Name			Address			Phone		
ARREST	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 300 OAKWOOD ST - 2C, HIGH POINT				
	Charge #1 Failure To Appear	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 2	DCI Code 2640	Offense Jurisdiction (if not arresting agency)		Statute # FTA	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	
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 _____ 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? _____								
CONFINED	Date/Time Confined 09/14/2014 12:15:06		Place Confined GUILFORD COUNTY JAIL			Committing Magistrate PRICE (CHUCK)			
	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 10/06/2014 08:30		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								
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:		
	OFA/FTA was in NCAWARE. No problems with arrest.								
STATUS	Arresting Officer Signature/ID # ALBERTSON, D. W. (379050)			Date/Time Submitted 09/14/2014 11:30		Supervisor Signature WEISNER, C. E.			
	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				