

## ARREST REPORT

AGENCY INFO	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>07/15/2014 14:51</b>		OCA <b>201420690</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>4</b>		Residence Tract <b>4</b>		Arrest Number <b>2690225</b>				
ARRESTEE INFO	Name (Last, First, Middle) <b>POTTER, KEVIN BRIAN</b>			D.O.B.		Age <b>50</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>LEXINGTON, NC</b>	Country of Citizenship		
	Current Address <b>701 S Elm St, 600, HIGH POINT, NC 27260</b>			Phone <b>336-470-4568</b>		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>5'09</b>	Wgt <b>200</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DRK</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>SCAR CENT CHEST / SCARS</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>701 S ELM ST - 600, HIGH POINT</b>							
	Charge #1 <b>Assault Inflicting Serious Injury Or Awdw</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(1)</b>	Warr. Date <b>07/15/2014</b>			
	Charge #2 <b>Assault On Female</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(B)2</b>	Warr. Date <b>07/15/2014</b>			
	Charge #3 <b>Communicating Threats</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0820</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-277.1</b>	Warr. Date <b>07/14/2014</b>			
VEHICLE INFO	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		Place Confined			Committing Magistrate <b>GILLESPIE</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>\$500.00</b>		Trial Date <b>08/18/2014 08:00</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>			
	Assisting Officer Name/ID # <b>HILLIARD, B. C. 1</b>		Released By (Name/Department/ID #) <b>INTHISANE, D. T.</b>				Date/Time Released <b>07/15/2014 14:50:00</b>					
Status Codes	L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found											
DRUGS ARREST	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:				
	see field sheet.											
STATUS	Arresting Officer Signature/ID # <b>INTHISANE, D. T. (202305)</b>			Date/Time Submitted <b>07/15/2014 14:51</b>			Supervisor Signature <b>O'TOOLE, P. B.</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						

**ARREST REPORT (Additional Charges)**

Agency Name <b>High Point Police Department</b>	ORI <b>0410300 H0001</b>	Date/Time Arrested <b>07/15/2014 14:51</b>	OCA <b>201420690</b>
Arrestee Name <b>POTTER, KEVIN BRIAN</b>			Arrest Number <b>2690225</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
4) Trespass (second Degree)	M	1	2670		14-159.13	07/14/2014
5) Interfering With Emergency Communication	M	1	2690		14-286.2	07/14/2014