

## ARREST REPORT

AGENCY INFO	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>08/23/2014 04:23</b>		OCA <b>201425209</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ8145L</b>	Arrest Tract <b>1</b>		Residence Tract <b>1</b>		Arrest Number <b>2691086</b>					
ARRESTEE INFO	Name (Last, First, Middle) <b>FOSTER, LAQUANLIES SHAIMON</b>			D.O.B.	Age <b>20</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>HIGH POINT, NC</b>	Country of Citizenship			
	Current Address <b>807 Hendrix St, HIGH POINT, NC 272605911</b>			Phone <b>336-300-1835</b>		Occupation <b>Stocker</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>DYNAMIC PROGRAM</b>			Address <b>ELON PL, HIGH POINT</b>			Phone <b>336-991-1599</b>					
	Also Known As (Alias Names) <b>FOSTER, LAQUIES; FOSTER, LAGUANLIES</b>			Hgt <b>6'02</b>	Wgt <b>160</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DBR</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT UPPR CHEST / WALKING ON FAITH;</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 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>2612 E KIVETT DR, HIGH POINT</b>							
	Charge #1 <b>Possess Witm/s/d Controll Substance Schedule Vi</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)P6</b>	Warr. Date <b>08/22/2014</b>			
	Charge #2 <b>Possession Of Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-113.22</b>	Warr. Date <b>08/22/2014</b>			
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date			
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 <b>08/23/2014 01:20:00</b>		Place Confined <b>HP JAIL</b>			Committing Magistrate <b>KOKAJKO</b>						
	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 <b>\$1,000.00</b>	Trial Date <b>10/06/2014 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 #)			Date/Time Released					
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					
	<b>E</b>	<b>Z</b>	<b>10.00</b>	<b>GM</b>	<b>MARIJUANA</b>		Possess <b>Y</b>	Buy	Sale <b>Y</b>	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	Subject did not give any problems											
STATUS	Arresting Officer Signature/ID # <b>BOYD, J. L. (254652)</b>			Date/Time Submitted <b>08/23/2014 04:23</b>		Supervisor Signature <b>MCNEILL, J. E.</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							