

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department				ORI 0410300 H0001		Date/Time Arrested 07/30/2014 14:50		OCA 201422529							
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract 2		Residence Tract 2		Arrest Number 2690553							
A R R E S T E E	Name (Last, First, Middle) MEDIAN DELGADO, CARLOS DELGADO				D.O.B.		Age 35		Race W		Sex M		Place of Birth		Country of Citizenship	
	Current Address 745 Goldfloss St, WINSTON SALEM, NC 271073224				Phone		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<input checked="" type="checkbox"/> Unknown					
	Employer's Name				Address				Phone							
	Also Known As (Alias Names) MEDINA, CARLOS; DELGADO, CARLOS				Hgt 5'09		Wgt 210		Hair BLK		Eyes BRO		Skin Tone LBR		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant				Place of Arrest 1718 E KIVETT DR, HIGH POINT							
	Charge #1 Failure To Appear				<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts 1		DCI Code 2640		Offense Jurisdiction (if not arresting agency)		Statute # FTA		Warr. Date 04/24/2013	
	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		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? _____															
C O N F I N E D	Date/Time Confined				Place Confined				Committing Magistrate BILLIPS							
	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 \$500.00		Trial Date 08/27/2014 08:30		Court Of Davidson County		City LEXINGTON					
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #) CAMPBELL, T. T.				Date/Time Released 07/30/2014 16:15:11							
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:							
	Arrested off of a traffic stop. Subject posted bond prior to being turned over to jail.															
S T A T U S	Arresting Officer Signature/ID # CAMPBELL, T. T. (391981)				Date/Time Submitted 07/30/2014 16:29				Supervisor Signature YANDLE, J. M.							
	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							