

## ARREST REPORT

A G E N C Y	Agency Name <b>ASHEVILLE POLICE DEPARTMENT</b>		ORI <b>0110100</b>		Date/Time Arrested <b>01/18/2014 02:55</b>		OCA <b>See Charges</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>APD</b>		Residence Tract		Arrest Number <b>458437</b>				
A R R E S T E E	Name (Last, First, Middle) <b>GOMEZ, MIGUEL ANGEL ROSAS</b>			D.O.B. <b>08/03/1975</b>		Age <b>38</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>MEXICO CITY,</b>	Country of Citizenship <b>US</b>		
	Current Address <b>203 View St, ASHEVILLE, NC 28806</b>			Phone <b>828- -</b>		Occupation <b>Labor</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>RIVERTOP CONSTRUCTING</b>			Address <b>SWANNANOVA, NC</b>			Phone <b>828- -</b>					
	Also Known As (Alias Names)			Hgt <b>5'08</b>	Wgt <b>225</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT LEFT ANKLE / ROSE; TATT UPPL</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name <b>NO FAMILY,</b>			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>UNKNOWN/NOT STATED</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>1339 PATTON AVE/WILBURN RD, ASHEVILLE</b>							
	Charge #1 <b>Driving While Impaired</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>	DCI Code <b>2100</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-138.1 540</b>	Warr. Date <b>09/25/2006</b>		
	Charge #2 <b>No Operators License</b>		<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts <b>1</b>	DCI Code <b>4010</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>20-7 5441</b>	Warr. Date <b>09/25/2006</b>		
	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 <input type="checkbox"/> Name of Other _____ 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							
	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 <b>\$0.00</b>		Trial Date		Court Of		City			
	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											
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:				
S T A T U S	Arresting Officer Signature/ID # <b>STOVER, J. M. (A2075)</b>			Date/Time Submitted <b>01/18/2014 02:55</b>			Supervisor Signature					
	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					