

ARREST REPORT

AGENCY	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 09/07/2014 05:48		OCA 201426894		
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) QQ8299H	Arrest Tract 2		Residence Tract 2		Arrest Number 2691460		
ARRESTEE	Name (Last, First, Middle) GRAY, CATRICE LATONYA			D.O.B.	Age 38	Race B	Sex F	Place of Birth HIGH POINT, NC	Country of Citizenship US
	Current Address 1217 Franklin Av, HIGH POINT, NC 27260			Phone 336-862-3304		Occupation Cna		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name FOSTER CARE FACILITY			Address HIGH POINT				Phone 336-885-0602	
	Also Known As (Alias Names) GRAY, TRICE			Hgt 5'08	Wgt 200	Hair BLK	Eyes BRO	Skin Tone MED	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TATT RGHT ANKLE / HEART W/TYRANN;			Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name			Address				Phone	
ARREST	If Armed, Type of Weapon NOT APPLICABLE/NONE		<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 1217 FRANKLIN AV, HIGH POINT				
	Charge #1 Communicating Threats	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0820	Offense Jurisdiction (if not arresting agency)		Statute # 14-277.1	Warr. Date 09/07/2014	
	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 09/07/2014 05:51:00		Place Confined 507 E GREEN DR			Committing Magistrate PRICE (CHUCK)			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00	Trial Date 09/29/2014 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:		
	NARRATIVE								
STATUS	Arresting Officer Signature/ID # JONES, S. M. (387766)			Date/Time Submitted 09/07/2014 05:48		Supervisor Signature GOODMAN, J. T.			
	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				