## ARREST REPORT

| ΑGI               | Agency  |  |                              |                         | ORI      |               | Date/Time Arrested OCA |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
|-------------------|---|--|------------------------------|-------------------------|----------|---------------|------------------------|--|--------------|---|----------------------------------|-------|-------|-------------------------|-----------------------------|--------------------------------|-----------------|------------------------------|------------|
| G I<br>E N<br>N F | High Point Police Department  Taken   Fingerprint Card Check Digit # (CKN)                                  |  |                              |                         |          |               |                        | 041030   | 0 H0001      | _   |                                  | 18:17 |       |                         | <b>201417990</b> est Number |                                |                 |                              |            |
| ÇO                | ☐ Prints ☐ Photos   |  |                              |                         |          |               |                        | Arrest Tract   |              | 2   | sidence 1                        | ract  | 2689  |                         |                             |                                | 74              |                              |            |
|                   | `   |  | st, Middle)                  |                         |          | D.O.B.        |                        | Age  | Rac          |   |                                  |       |       | Place of B              |                             | Country of<br>Citizenship      |                 |                              |            |
| A R R E S T E E   | JOHNSON, JONATHAN THOMAS  Current Address   |  |                              |                         |          |               |                        |  | Phone        | 31 W M HIGH POINT, NC US                  |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | 328 Player Dr, HIGH POINT, NC 27262   |  |                              |                         |          |               |                        |  | 336-882-4    |   |                                  |       |       |                         |                             | Resident Unknown  Non-Resident |                 |                              |            |
|                   | Employ  | er's Nam   | ie                           |                         | Address  |               |                        |  |              |   | Phone                            |       |       |                         |                             |                                |                 |                              |            |
|                   | Also Kn   | own As (   | (Alias Names)                |                         |          | Hat           | Hgt \                  |  |              | Wgt Hair                                  |                                  |       | I si  | in Tone                 | 336                         | d Drug/Alcohol                 |                 |                              |            |
|                   |   |  | N, JON; J                    | OY,                     | , JOHN   | -             | 1                      | 165  | BR           | 1   |                                  |       | FAR   | ☑ No ☐ Unk              |                             |                                |                 |                              |            |
|                   | Scars, I  | Marks, Ta  | attoos                       |                         |          | •             | Social Secu            | ocial Security #   |              |   | OLN and State                    |       |       |                         | Mi                          | lisc. # and Type               |                 |                              |            |
|                   | PR  | CD A   | LL EAR;                      | TATT U                  | PRT A    | RM; TAT       | т                      |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | Nearest   | Relative   | Name                         |                         |          |               | -                      | Address  | 3            |   | •                                |       |       |                         |                             |                                | Pho             | ne                           |            |
|                   | If Armed  | d. Type o  | of Weapon                    |                         |          |               | II Pl                  | Place of Arrest  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | Oll-view Lat Cit  |  |                              |                         |          |               | rimina<br>Cit          | al Summons tation  | Ш            | 1009 LEONARD AV, HIGH POINT               |                                  |       |       |                         |                             |                                |                 |                              |            |
| A I R R F O T     | Charge #1 Communicating Threats   |  |                              |                         |          |               |                        | Counts   | DCI Code     |   | Offense .                        |       |       |                         |                             |                                |                 | Statute #                    | Warr. Date |
|                   | Communicating inreats   |  |                              |                         |          |               |                        |  | 0820         |   |                                  |       |       |                         |                             |                                | 14-277.1        |                              | 06/14/2014 |
|                   | Charge #2   |  |                              |                         |          |               |                        | Counts   | DCI Code     | (   | Offense Jurisdiction (if not arr |       |       |                         | sting a                     | igency)                        | Statute #       |                              | Warr. Date |
|                   |   |  |                              |                         |          | ☐ Misd        |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | Charge #3   |  |                              |                         |          | ☐ Fel         |                        | Counts   | DCI Code     | 1   | Offense Jurisdiction (if I       |       |       | f not arresting agency) |                             |                                | Statute #       |                              | Warr. Date |
| У Е F О           | VYR   | Ma   | ake                          | Model                   |          | ☐ Misd        |                        | Color  | Plate #/Stat | A .                                       |                                  |       | VIN   |                         |                             |                                |                 |                              |            |
|                   |   | The state of the s |                              |                         |          |               |                        | The state of the s |              |   | ""                               |       |       |                         |                             |                                |                 |                              |            |
|                   | Vehicle   |  | Left at Scene                |                         | Secured  |               |                        | Į.   | Date/Time_   |   |                                  |       | -     |                         | _                           |                                |                 |                              |            |
| <sup>п</sup> о    |   |  | ☐ Released to of ☐ Impounded | her at owners:  Place o |          | ☐ Nam         | e of Ot                | ther   |              |   |                                  |       |       |                         |                             |                                | Inventory       | on File?                     |            |
| CONFINE           | Date/Tir  | me Confi   |                              |                         | Place C  | onfined       |                        |  |              |   |                                  |       | С     | ommitti                 | ing Ma                      | agistrate                      |                 | o                            |            |
|                   | Type Bond Bond Amount   |  |                              |                         |          |               |                        | T  |              |   |                                  |       |       |                         |                             |                                | 2:4             |                              |            |
|                   | ☐ Written Promise ☐ Unsecured   |  |                              |                         |          |               | -00                    | Trial Date <b>07/28/2</b>  |              | Court Of City  Guilford County HIGH POINT |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | Secured No Bond St Other  Assisting Officer Name/ID #   |  |                              |                         |          |               |                        | <u> </u>   | artmer       | ment/ID #)                                |                                  |       |       |                         | Date/Time Released          |                                |                 |                              |            |
| D                 |   |  |                              |                         |          | PLOUNT, S. M. |                        |  |              |   | 06/21/2014 18:22:38              |       |       |                         |                             |                                |                 |                              |            |
| Status<br>Codes   | L - Los   | t S-   | - Stolen R - R               | ecovered                | D - Dama | ged Z - Seiz  | zed                    | B - Burnec   | C - Counte   | erfeit /                                  | Forged                           | F-    | Found |                         |                             |                                |                 |                              |            |
| D A               | DCI Status Quantity Type Measure  |  |                              |                         |          |               |                        | Suspected Type   |              |   |                                  | 4     | Posse | ee l                    | Ch<br>Buy                   | eck up to<br>Sale              | 3 types<br>Mfg. | of activity for<br>Importing | П          |
|                   |   |  |                              |                         |          |               |                        |  |              |   | 1 0330                           | 33    | Duy   | Oale                    | iviig.                      | Importing                      | Ореганія        |                              |            |
|                   |   |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| R AR<br>U T E     |   |  |                              |                         |          |               |                        |  |              |   |                                  | _     |       |                         |                             |                                |                 |                              |            |
| D R U G S         |   |  |                              |                         |          |               |                        |  | +            |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| - '               |   |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   |   |  |                              |                         |          |               |                        |  |              |   | $\Box$                           |       |       |                         |                             |                                |                 |                              |            |
| ŀ                 | <del>                                      </del>   |  |                              |                         |          |               |                        |  |              |   |                                  | +     | -     |                         |                             |                                |                 |                              |            |
| C<br>O<br>M       | Name:   | Comp   | olainant□                    |                         | Addres   |               |                        |  |              |   | Phone:                           |       |       |                         |                             |                                |                 |                              |            |
| Р                 | Subject came to the PD after officers had been looking for him. Summons was served without                  |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| N<br>R<br>R       |   | ject<br>ident  |                              | ne PD a                 | arter    | officers      | na                     | a been   | looking      | IOI                                       | r nim                            | n. Si | ımmo  | ns v                    | vas                         | serv                           | rea w           | itnout                       |            |
|                   |   |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| A<br>T<br>I       |   |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| V<br>E            |   |  |                              |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| S                 | Arresting Officer Signature/ID #  |  |                              |                         |          |               |                        | e/Time Subm  |              | Supervisor Signature                      |                                  |       |       |                         |                             |                                |                 |                              |            |
| T<br>A<br>T<br>U  | PLOUNT, S. M. (387114)  |  |                              |                         |          |               |                        | 06/21  |              | ll ·                                      |                                  |       |       |                         |                             |                                |                 |                              |            |
|                   | Case Status: Case Disposition:  ☐ Further Inv.  ☐ Case Disposition: ☐ Case Disposition: ☐ Case Disposition: |  |                              |                         |          |               | nt Need                | Arrestee Signature ded   |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |
| S                 | ☐ Ina   | ctive  | ☑ Closed                     |                         |          |               |                        |  |              |   |                                  |       |       |                         |                             |                                |                 |                              |            |

DCI-608F Rev. 3/92