

ARREST REPORT

AGENCY INFO	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/13/2014 18:09		OCA 201417056	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 2		Residence Tract 2		Arrest Number 2689487	
ARRESTEE INFO	Name (Last, First, Middle) JONES, RUTH				D.O.B.	Age 64	Race B	Sex F
	Current Address 411 Park St, 1115, HIGH POINT, NC 27260				Phone		Occupation	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name				Address			Phone
	Also Known As (Alias Names)				Hgt 5'07	Wgt 130	Hair BLK	Eyes BRO
	Scars, Marks, Tattoos				Social Security #	OLN and State		Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Nearest Relative Name				Address			Phone
ARREST	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 checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 411 PARK ST - 1115, HIGH POINT			
	Charge #1 Possess Control Substance Schedule Vi	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(A3)6	Warr. Date
	Charge #2 Possession Of Drug Paraphernalia	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1834	Offense Jurisdiction (if not arresting agency)		Statute # 90-113.22	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 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		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 \$0.00	Trial Date 07/25/2014 08:00		Court Of Guilford County	City HIGH POINT	
	Assisting Officer Name/ID # GARRETT, B. K. 1		Released By (Name/Department/ID #) INTHISANE, D. T.			Date/Time Released 06/13/2014 18:00:00		
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	
	E	Z	0.25	GM	MARIJUANA		Possess Y	Buy
							Sale	Mfg.
							Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address			Phone:	
	see field sheet.							
STATUS	Arresting Officer Signature/ID # INTHISANE, D. T. (202305)			Date/Time Submitted 06/13/2014 18:09		Supervisor Signature GARRETT, B. K.		
	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			