

## ARREST REPORT

A G E N C Y	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>08/15/2014 09:30</b>		OCA <b>201424364</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>1</b>		Residence Tract <b>1</b>		Arrest Number <b>2690917</b>				
A R R E S T E E	Name (Last, First, Middle) <b>COX, JOHN ROBERT SAFRIET</b>			D.O.B.		Age <b>23</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>HIGH POINT, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>3012 Manchester Dr, HIGH POINT, NC 27260</b>			Phone		Occupation <b>Labor And Sales</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>SEDFIELD LAWN AND GARDEN</b>			Address <b>JAMESTOWN</b>			Phone <b>336-292-6800</b>					
	Also Known As (Alias Names)			Hgt <b>5'09</b>	Wgt <b>170</b>	Hair <b>BRO</b>	Eyes <b>HAZ</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>TATT UPRT ARM / JOBERT</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>3012 MANCHESTER DR, HIGH POINT</b>							
	Charge #1 <b>Assault &amp; Battery</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0800</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(A)</b>	Warr. Date <b>08/14/2014</b>			
	Charge #2 <b>Cyberstalking</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0820</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-196.3</b>	Warr. Date <b>08/14/2014</b>			
	Charge #3 <b>Communicating Threats</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0820</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-277.1</b>	Warr. Date <b>08/14/2014</b>			
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						
	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 <b>09/12/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>			
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #) <b>NEEDHAM, D. B.</b>				Date/Time Released <b>08/15/2014 10:02:15</b>				
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:				
	Subject was located at the address on the warrant. The summonses were served without incident. The return was completed in the PIT.											
S T A T U S	Arresting Officer Signature/ID # <b>NEEDHAM, D. B. (386716)</b>			Date/Time Submitted <b>08/15/2014 09:30</b>			Supervisor Signature <b>ENGLISH, W. A.</b>					
	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						

**ARREST REPORT (Additional Charges)**

Agency Name <b>High Point Police Department</b>	ORI <b>0410300 H0001</b>	Date/Time Arrested <b>08/15/2014 09:30</b>	OCA <b>201424364</b>
Arrestee Name <b>COX, JOHN ROBERT SAFRIET</b>			Arrest Number <b>2690917</b>

Charge	Fel/Misd	Counts	DCI Code	(if not arresting agency) Offense Jurisdiction	Statute #	Warr. Date
<b>4) Communicating Threats</b>	<b>M</b>	<b>1</b>	<b>0820</b>		<b>14-277.1</b>	<b>08/14/2014</b>
<b>5) Trespass (second Degree)</b>	<b>M</b>	<b>1</b>	<b>2670</b>		<b>14-159.13</b>	<b>08/14/2014</b>