

## ARREST REPORT

|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>High Point Police Department</b>                                                                                                                                                                                                                                                                                                                      |                                      | ORI<br><b>0410300 H0001</b>                                                                                                                                                                           |                                                            | Date/Time Arrested<br><b>08/01/2014 10:26</b> |                                                       | OCA<br><b>201422692</b>                     |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos                                                                                                                                                                                                                                                                    | Fingerprint Card Check Digit # (CKN) |                                                                                                                                                                                                       | Arrest Tract<br><b>2</b>                                   |                                               | Residence Tract<br><b>4</b>                           |                                             | Arrest Number<br><b>2690593</b>                                                                                        |                                                                                                                           |                                     |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>HORTON, MELISSA ANNETTE</b>                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                       | D.O.B.                                                     |                                               | Age<br><b>31</b>                                      | Race<br><b>B</b>                            | Sex<br><b>F</b>                                                                                                        | Place of Birth<br><b>WAKE COUNTY, NC</b>                                                                                  | Country of Citizenship<br><b>US</b> |           |           |
|                                      | Current Address<br><b>820 South Rd, D, HIGH POINT, NC 27260</b>                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       | Phone<br><b>336-493-8689</b>                               |                                               | Occupation<br><b>Unemployed</b>                       |                                             | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |                                                                                                                           |                                     |           |           |
|                                      | Employer's Name<br><b>UNEMPLOYED</b>                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                       | Address<br><b>N MAIN ST, HIGH POINT</b>                    |                                               |                                                       | Phone                                       |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      | Also Known As (Alias Names)                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                       | Hgt<br><b>5'04</b>                                         | Wgt<br><b>173</b>                             | Hair<br><b>BLK</b>                                    | Eyes<br><b>BRO</b>                          | Skin Tone<br><b>MBR</b>                                                                                                | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |                                     |           |           |
|                                      | Scars, Marks, Tattoos<br><b>SCAR LWRT EYE; PRCD CENT TONGUE;</b>                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                                       | Social Security #                                          |                                               | OLN and State                                         |                                             | Misc. # and Type                                                                                                       |                                                                                                                           |                                     |           |           |
|                                      | Nearest Relative Name                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                       | Address                                                    |                                               |                                                       | Phone                                       |                                                                                                                        |                                                                                                                           |                                     |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>                                                                                                                                                                                                                                                                                                                  |                                      | <input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons<br><input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant |                                                            |                                               | Place of Arrest<br><b>1009 LEONARD AV, HIGH POINT</b> |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      | Charge #1<br><b>Injury To Personal Property</b>                                                                                                                                                                                                                                                                                                                         |                                      | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd                                                                                                                              | Counts<br><b>1</b>                                         | DCI Code<br><b>1400</b>                       | Offense Jurisdiction (if not arresting agency)        |                                             | Statute #<br><b>14-160</b>                                                                                             | Warr. Date<br><b>06/10/2014</b>                                                                                           |                                     |           |           |
|                                      | Charge #2                                                                                                                                                                                                                                                                                                                                                               |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd                                                                                                                                         | Counts                                                     | DCI Code                                      | Offense Jurisdiction (if not arresting agency)        |                                             | Statute #                                                                                                              | Warr. Date                                                                                                                |                                     |           |           |
|                                      | Charge #3                                                                                                                                                                                                                                                                                                                                                               |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd                                                                                                                                         | Counts                                                     | DCI Code                                      | Offense Jurisdiction (if not arresting agency)        |                                             | Statute #                                                                                                              | Warr. Date                                                                                                                |                                     |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined                                                                                                                                                                                                                                                                                                                                                      |                                      | Place Confined                                                                                                                                                                                        |                                                            |                                               |                                                       | Committing Magistrate                       |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other                                                                                                                                                                            |                                      | Bond Amount<br><b>\$0.00</b>                                                                                                                                                                          |                                                            | Trial Date<br><b>08/11/2014 08:30</b>         |                                                       | Court Of<br><b>Guilford County</b>          |                                                                                                                        | City<br><b>HIGH POINT</b>                                                                                                 |                                     |           |           |
|                                      | Assisting Officer Name/ID #<br><b>0</b>                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                       | Released By (Name/Department/ID #)<br><b>BOWMAN, L. D.</b> |                                               |                                                       |                                             | Date/Time Released<br><b>08/01/2014 10:40:00</b>                                                                       |                                                                                                                           |                                     |           |           |
| Status Codes                         | L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
| D<br>R<br>U<br>G<br>S                | DCI                                                                                                                                                                                                                                                                                                                                                                     | Status                               | Quantity                                                                                                                                                                                              | Type Measure                                               | Suspected Type                                |                                                       | Check up to 3 types of activity for each    |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       | Possess                                     | Buy                                                                                                                    | Sale                                                                                                                      | Mfg.                                | Importing | Operating |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
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|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                       | Address                                                    |                                               |                                                       |                                             | Phone:                                                                                                                 |                                                                                                                           |                                     |           |           |
|                                      | <b>Subject came by for service of criminal summons at the PD.</b>                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                                                       |                                                            |                                               |                                                       |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>BOWMAN, L. D. (4187)</b>                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       | Date/Time Submitted<br><b>08/01/2014 10:26</b>             |                                               |                                                       | Supervisor Signature<br><b>DUPKE, G. O.</b> |                                                                                                                        |                                                                                                                           |                                     |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed                                                                                                                                                                                                                                   |                                      | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation                                               |                                                            |                                               | Arrestee Signature                                    |                                             |                                                                                                                        |                                                                                                                           |                                     |           |           |