

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department				ORI 0410300 H0001		Date/Time Arrested 08/10/2014 08:20		OCA 201423758				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract 1		Residence Tract 1		Arrest Number 2690789				
A R R E S T E E	Name (Last, First, Middle) ARPHAI, TINA SOUKSKHORN				D.O.B.		Age 26	Race A	Sex F	Place of Birth PITTSBURGH, PA	Country of Citizenship US		
	Current Address 318 Charles Av, HIGH POINT, NC 27260				Phone 336-471-6483		Occupation Er Nurse		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name HIGH POINT HOSPITAL				Address 601 N ELM ST				Phone 336-869-9000				
	Also Known As (Alias Names) ARPHAI, TINA SOUK				Hgt 5'01	Wgt 130	Hair BLK	Eyes BRO	Skin Tone LBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name				Address				Phone				
A R R E S T	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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 318 CHARLES AV, HIGH POINT								
	Charge #1 Failure To Appear		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (if not arresting agency)		Statute # FTA	Warr. Date 04/30/2014				
	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				
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 LANDEN						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$50.00		Trial Date 09/26/2014 08:30		Court Of Guilford County		City HIGH POINT				
	Assisting Officer Name/ID # 0				Released By (Name/Department/ID #) CRUMP, B. L.				Date/Time Released 08/10/2014 09:06:54				
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:				
	No problems at arrest.												
S T A T U S	Arresting Officer Signature/ID # CRUMP, B. L. (295815)				Date/Time Submitted 08/10/2014 09:04			Supervisor Signature HEAVILAND, W. M.					
	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							