

## 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>09/04/2014 18:45</b>		OCA <b>201425771</b>						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ8277R</b>		Arrest Tract		Residence Tract <b>6</b>		Arrest Number <b>2691401</b>					
A R R E S T E E	Name (Last, First, Middle) <b>WILFOUNG, ARAMIS RASHAD</b>			D.O.B.		Age <b>24</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>HIGH POINT, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>2423 E Lexington Av, HIGH POINT, NC 27260</b>			Phone <b>336-889-6490</b>		Occupation <b>Labor</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name <b>LORILLARD</b>			Address			Phone						
	Also Known As (Alias Names) <b>WILFONG, ARAMIS SHAUN; WILFOUNG, ARAMIS</b>			Hgt <b>6'01</b>	Wgt <b>145</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>DRK</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>PRCD BOTH EAR / 1 HOLE</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 type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>1009 LEONARD AV, HIGH POINT</b>								
	Charge #1 <b>Maintain Dwelling/veh For Controlled Substance</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-108(A)7</b>	Warr. Date <b>08/28/2014</b>				
	Charge #2 <b>Possess Wit M/s/d Control Substance Schedule II</b>		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)P2</b>	Warr. Date <b>08/28/2014</b>				
	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 <b>NEWMAN</b>							
	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 <b>\$1,000.00</b>		Trial Date <b>10/06/2014 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>TATRO, J. M.</b>			Date/Time Released <b>09/04/2014 20:10:00</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:					
	<b>Turned himself in at PD. Had bondsman standing by to bnd him out at magistrate's office. No problems.</b>												
S T A T U S	Arresting Officer Signature/ID # <b>TATRO, J. M. (280857)</b>			Date/Time Submitted <b>09/04/2014 20:27</b>			Supervisor Signature <b>FOX, C. S.</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							