

ARREST REPORT

AGENCY INFO	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/23/2014 16:07		OCA 201417579					
	Taken <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) QQ7632F	Arrest Tract 2		Residence Tract 4		Arrest Number 2689699					
ARRESTEE INFO	Name (Last, First, Middle) HAMILTON, TRETAVIUS RAMON			D.O.B.	Age 21	Race B	Sex M	Place of Birth HIGH POINT, NC	Country of Citizenship US			
	Current Address 705 Chestnut Dr, B, HIGH POINT, NC 27262			Phone 336-935-8333		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name UNEMPLOYED			Address			Phone					
	Also Known As (Alias Names) HAMILTON, T; TRE MAN; HAMILTON, TRAY;			Hgt 5'05	Wgt 145	Hair BLK	Eyes BRO	Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos SCAR FACE; TATT RGHT WRIST; TATT			Social Security #		OLN and State		Misc. # and Type				
	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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 1009 LEONARD AV, HIGH POINT							
	Charge #1 Possess Wit M/s/d Control Substance Schedule II	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (if not arresting agency)		Statute # 90-95(A)P2	Warr. Date 06/18/2014				
	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				
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 06/23/2014 15:50:00		Place Confined GUILFORD CO JAIL			Committing Magistrate GARBER						
	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 \$4,000.00	Trial Date 08/01/2014 08:30		Court Of Guilford County		City HIGH POINT				
	Assisting Officer Name/ID # 0			Released By (Name/Department/ID #)			Date/Time Released					
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					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	Subject turned himself in at the PD.											
STATUS	Arresting Officer Signature/ID # BOWMAN, L. D. (4187)			Date/Time Submitted 06/23/2014 16:07			Supervisor Signature SHULTZ, K. T.					
	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						