## **ARREST REPORT**

| ΑGI                   | Agency  |   |                              |                         | ORI                      |         |                    | Date/Time Arrested OCA |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|-----------------------|---|---|------------------------------|-------------------------|--------------------------|---------|--------------------|------------------------|-----------------------|--------------------|---------|---|--------------------|------------------|--------------|----------------------------------|-----------------------------------|--------------------|-------------|--|
| G I<br>E N<br>N F     | High Point Police Department  |   |                              |                         |                          |         |                    | 041030                 |                       |                    |         |   |                    | 12:50            |              | <b>201425017</b> rest Number     |                                   |                    |             |  |
| CO                    | Taken Fingerprint Card Check Digit # (CKN)  |   |                              |                         |                          |         |                    | Arrest Tract           |                       |                    | Resider | nce Tra                                   | act                | ll l             |              |                                  |                                   |                    |             |  |
| Y                     | Photos  Name (Last, First, Middle)  |   |                              |                         |                          |         |                    | 4                      | DO                    | D.O.B.             |         | 99<br>Age Rad                             |                    |                  |              | 2691140  Place of Birth          |                                   | irth               | Country of  |  |
|                       | , , , , ,   |   |                              |                         |                          |         |                    |                        | 5.0                   | υ.                 |         |   |                    |                  |              |                                  | lace of B                         |                    | Citizenship |  |
| A R R E S T E E       | REHMAN, ZAKIR   |   |                              |                         |                          |         |                    |                        |                       |                    | 48      | В   | Α                  | M                |              |                                  |                                   | US                 |             |  |
|                       | Current Address 303 Rosemary Dr, ARCHDALE, NC 27263   |   |                              |                         |                          |         |                    |                        | Phone<br>336-431-3907 |                    |         |   |                    |                  |              |                                  |                                   |                    | Unknown     |  |
|                       | Employer's Name   |   |                              |                         |                          |         |                    |                        | Address               |                    |         |   | n Deliver          |                  |              |                                  | / Man   A Non-Resident   Phone    |                    |             |  |
|                       |   | /INO  |                              |                         |                          |         |                    |                        |                       | -A WEST MAIN S     |         |   |                    |                  | 336-454-6116 |                                  |                                   |                    |             |  |
|                       | Also Known As (Alias Names)   |   |                              |                         |                          |         |                    |                        |                       | gt<br>O            | Wgi     | t   | Hai<br><b>BL</b> I | 1 1              |              |                                  | Skin Tone   Consumed Drug/Alcohol |                    |             |  |
|                       | Scars. N  | Лarks, Та   | attoos                       |                         | Social Secu              |         | J                  | 0 Bl                   |                       |                    |         |   |                    | ☐ Yes ⚠ No ☐ Unk |              |                                  |                                   |                    |             |  |
|                       |   | ,   |                              |                         |                          |         | ,                  |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Nearest   | Relative  | Name                         |                         | Addres                   | SS.     | <u></u> s          |                        |                       |                    |         |   |                    | Pho              | ne           |                                  |                                   |                    |             |  |
| ARREST > HT           |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | If Armed  | d, Type o   | f Weapon                     | Crimina                 | al Summons               |         | ll l               |                        |                       | Place of Arrest    |         |   |                    |                  | <del>-</del> |                                  |                                   |                    |             |  |
|                       |   |   |                              |                         |                          |         |                    |                        | Warrant               |                    |         | 2803 W ENGLISH RD, HIGH POINT             |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Charge #1 Sale Alcohol Beverages To Any One Under   |   |                              |                         |                          |         |                    | Counts                 |                       | DCI Code           |         |   |                    |                  |              |                                  |                                   | Warr. Date         |             |  |
|                       | 21 Years X Misd   |   |                              |                         |                          |         |                    | Counts                 |                       | 2210<br>DCI Code   |         |   |                    |                  |              | 18B-302(A)   agency)   Statute # |                                   |                    | Warr. Date  |  |
|                       | Charge #2   |   |                              |                         |                          |         |                    | Couris                 | DOIC                  | DCICode            |         | Offense Jurisdiction (if not an           |                    |                  | rresurig a   | agency)                          | Statute #                         |                    | Wall. Date  |  |
|                       | Charge #3   |   |                              |                         |                          | ☐ Fel   |                    | Counts                 | DCLC                  | DCI Code           |         | Offense Jurisdiction (if not arre         |                    |                  | rresting a   | agency)                          | 5                                 | Statute #          | Warr. Date  |  |
|                       |   |   |                              |                         |                          |         |                    |                        |                       |                    | State   |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | VYR   | Ma  | ake                          | Model                   |                          | Style   |                    | Color                  | Plate #               | Plate #/State      |         | VIN                                       |                    |                  |              |                                  |                                   |                    |             |  |
|                       |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Vehicle   |   | Left at Scene                |                         | Secured                  | Unse    |                    |                        | Date/                 | ime                |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| 0                     |   |   | ☐ Released to ot ☐ Impounded | her at owners  Place of |                          | ☐ Nam   | e of Ot            | ther                   |                       |                    |         |   |                    |                  |              |                                  | Inventory                         | on File?           |             |  |
| CONF-NE               | Date/Tir  | ne Confi  |                              |                         | Committing Magistrate    |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Type Bo   | and   |                              |                         | Trial Date Court Of City |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Written Promise ☐ Unsecured   |   |                              |                         |                          |         |                    |                        |                       |                    |         | Court Of City  Guilford County HIGH POINT |                    |                  |              |                                  |                                   |                    |             |  |
|                       | Secured No Bond Other  Assisting Officer Name/ID #  |   |                              |                         |                          |         |                    |                        |                       | Department/ID #)   |         |   |                    |                  |              |                                  |                                   | Date/Time Released |             |  |
| D                     |   |   |                              |                         |                          |         | Substitute Notable |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| Status<br>Codes       | Status L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| ARREST<br>AT<br>DRUGS | DCI Status Quantity Type Measure  |   |                              |                         |                          |         | ed Type            | Type                   |                       |                    | L       |   |                    | <u> </u>         |              | of activity for                  |                                   |                    |             |  |
|                       |   |   |                              |                         |                          |         |                    |                        |                       |                    |         | +   | Possess            | Buy              | Sale         | Mfg.                             | Importing                         | Operating          |             |  |
|                       |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| R U G o               |   |   |                              |                         |                          |         |                    |                        |                       | _                  |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| SŤ                    | <del>                                      </del>   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   | +                  |                  |              |                                  |                                   |                    |             |  |
| ł                     |   | <del>                                      </del> |                              |                         |                          |         |                    |                        |                       |                    |         |   | +                  |                  |              |                                  |                                   |                    |             |  |
| İ                     |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | NI.   | -   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    | -                |              |                                  |                                   |                    |             |  |
| C<br>O<br>M           | Name:   | Comp  | olainant□                    | Victim                  |                          | Address |                    |                        |                       |                    |         |   |                    |                  | Pr           | Phone:                           |                                   |                    |             |  |
| P                     |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| N<br>A<br>R           |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| R                     |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| A<br>T                |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| ν                     |   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
| E<br>S                | Arrestin  | g Officer   | Signature/ID #               |                         |                          |         | Dat                | Date/Time Submitted    |                       |                    |         | Supervisor Signature                      |                    |                  |              |                                  |                                   |                    |             |  |
| Т                     | NORDSTROM, G. W. (8004)   |   |                              |                         |                          |         |                    |                        |                       | 2014 12:50         |         |   | FERRELL, J. M.     |                  |              |                                  |                                   |                    |             |  |
| A<br>T                | Case Status: Case Disposition:  |   |                              |                         |                          |         | 1                  |                        |                       | Arrestee Signature |         |   |                    |                  | • •          |                                  |                                   |                    |             |  |
| U<br>S                | ☐ Further Inv. ☐ Cleared By Arrest / No Supplement ☐ Arrest / No Investigation                                |   |                              |                         |                          |         | nt Need            | ded                    |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |
|                       | ☐ Inactive ☐ Closed ☐ Arrest / No Investigation   |   |                              |                         |                          |         |                    |                        |                       |                    |         |   |                    |                  |              |                                  |                                   |                    |             |  |

DCI-608F Rev. 3/92