## ARREST REPORT

AGI	Agency Name										ate/Time Arrested OCA								
G I E N N F	High Point Police Department Taken   Fingerprint Card Check Digit # (CKN)							041030	0 H0001		06/06/2014 05:38 Residence Tract				201413610  Arrest Number				
ÇŌ	Taken Fingerprint Card Check Digit # (CKN) Prints Photos							Arrest Tract	7					ll l	2689293				
	Name (Last, First, Middle)								D.O.B.	ge					lace of B		Country of Citizenship		
A RR EST EE		ID, L	ARRY DE							SAL	SALEM, NC US								
	1114 Countryside Dr, HIGH POINT, NC 27265								336-339-6402				осираног			II	esident on-Resident	Unknown	
	Employer's Name								Address							Ц	Phone		
	ALL CUT UP Also Known As (Alias Names)								Hgt Wgt			Hair Eyes			l sk	336 Skin Tone   Consumed Drug/Alcohol			
									6'00		195 BLK HAZ					☑ No ☐ Unk			
	Scars, Marks, Tattoos							Social Secur	ity#	y#		LN and State			Misc. # and Type				
	Nearest Relative Name							Address							Phone				
	If Armed, Type of Weapon							ninal Summons Place of				rrest							
A I N E F O T							Citation 🔀 Warrant			507 E GREEN DR, HIGH P					OINT				
	Charge #1 Larceny □ Fel							Counts			Offense Jurisdiction (if not arresting agend					S	Warr. Date		
	<b>☑</b> Misd						1	_	0690						14-72(A)			06/05/2014	
	Charge #2						·	Counts	DCI Code	Offe	Offense Jurisdiction (if not arre			rresting a	ing agency) Statute #			Warr. Date	
	Charge #3							Counts	DCI Code	Offe	Offense Jurisdiction (if not arre			rresting a	ing agency) Statute #			Warr. Date	
						☐ Fel ☐ Misd					3.3				0 ,,				
> E F O	VYR	Ma	ake	Model	S	Style		Color	Plate #/State	-			VIN						
	Vehicle		7 1 - 4 - 4 0		Deta Time														
	verlicie		☐ Left at Scene ☐ Released to ot		Secured request	☐ Unse		ther	Date/Time										
			Impounded	☐ Place of									1 -			Inventory	on File?		
BOND F-NED	Date/Time Confined Place Confined Place Confined HIGH POINT JAI							Committing Magistrate PRICE (CHUCK)											
	Type Bond Bond Amount  Written Promise Unsecured											urt Of City							
	☐ Secured ☐ No Bond ☐ Other															HIGH POINT			
	Assisting Officer Name/ID # <b>0</b>							Released By (Name/Department/ID #)				#) D				Date/Time Released			
Status Codes	L - Los	t S-	Stolen R - R	ecovered	D - Damag	jed Z - Seiz	zed	B - Burned	C - Counter	feit / For	ged	F - F	ound						
A R A R U T E	DCI Status Quantity Type Meas				1easure		d Type			4				to 3 types of activity for each					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				+					+	Possess	Buy	Sale	Mfg.	Importing	Operating			
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G T E												4							
												$\frac{1}{1}$							
° T																			
s 1																			
3 T																			
COM	Name:	Comp	olainant□	Victim				Addres	s							Pł	none:		
C O M P					his co	ode 5 on	Mr			ail.	Tr	oi ck	ed Mr	. I.a	nd ur			iail and	
C O M P	The brow	PIT ıght	notified him over	me of t	Magis	trate`s	Off	. Land	in the j	ught	bef	ore	Magi	stra	te Pr	fro	m the :		
COMPNARR	The brow	PIT ıght	notified	me of t	Magis	trate`s	Off	. Land	in the j	ught	bef	ore	Magi	stra	te Pr	fro	m the :		
COMPNARRATI	The brow	PIT ıght	notified him over	me of t	Magis	trate`s	Off	. Land	in the j	ught	bef	ore	Magi	stra	te Pr	fro	m the :		
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