

## 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>09/11/2014 23:50</b>		OCA <b>201427357</b>					
	Taken <input checked="" type="checkbox"/> Prints Fingerprint Card Check Digit # (CKN) <input checked="" type="checkbox"/> Photos <b>QQ8344F</b>	Arrest Tract		Residence Tract <b>99</b>		Arrest Number <b>2691558</b>						
A R R E S T E E	Name (Last, First, Middle) <b>TAYLOR, WILLIAM HARVEY</b>			D.O.B.	Age <b>42</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth	Country of Citizenship			
	Current Address <b>8629 Sharonbrook Dr, CHARLOTTE, NC 28210</b>			Phone		Occupation <b>Grounds Keeper</b>		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>ALEXANDRA APARTMENTS</b>			Address <b>EASTCHESTER DR</b>			Phone					
	Also Known As (Alias Names)			Hgt <b>5'10</b>	Wgt <b>150</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>2628 S MAIN ST, HIGH POINT</b>							
	Charge #1 <b>Larceny</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0690</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72(A)</b>	Warr. Date <b>09/11/2014</b>				
	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 <b>GARBER</b>						
	Type Bond <input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>10/24/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>				
	Assisting Officer Name/ID # <b>NEEDHAM, D. B. 1</b>		Released By (Name/Department/ID #) <b>CHRISCOE, T. M.</b>			Date/Time Released <b>09/11/2014 19:54:20</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>Arrested and released without incident. For further see incident report.</b>											
S T A T U S	Arresting Officer Signature/ID # <b>CHRISCOE, T. M. (387268)</b>			Date/Time Submitted <b>09/11/2014 23:50</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						