## ARREST REPORT

| Α.                                                 | Agency Name                                                                                               |          |                 |             |                      |                 |                | ORI                           | Date/Time Arrested OCA |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------|-----------------|-------------|----------------------|-----------------|----------------|-------------------------------|------------------------|-----------------------------------|----------------------------------|-------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|-------------------|----------------|--|--|
| G I<br>E N<br>N F                                  | High Point Police Department                                                                              |          |                 |             |                      |                 |                | 041030                        | 0 H0001                | 09/2                              | 24/2                             | 014               | 00:50 2          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | 201428721          |                   |                |  |  |
| N F<br>C O                                         | Taken Fingerprint Card Check Digit # (CKN)  ☐                                                             |          |                 |             |                      |                 |                | Arrest Tract                  |                        | Resid                             | Residence Tract                  |                   |                  | Arrest Nun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                    | umber             |                |  |  |
| Ϋ́                                                 | Thotas QQ8432X                                                                                            |          |                 |             |                      |                 |                | 7                             | 7                      |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2691843                                          |                    |                   |                |  |  |
| мы <b>т</b> ом в м м м м м м м м м м м м м м м м м | Name (Last, First, Middle)                                                                                |          |                 |             |                      |                 |                |                               | D.O.B.                 | 7                                 | Age Race Sex                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Place of Birth Country of Citizenship            |                    |                   |                |  |  |
|                                                    | HEDRICK, MICHAEL PAUL                                                                                     |          |                 |             |                      |                 |                |                               |                        | 1 3                               | 34 W M                           |                   |                  | HIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H POIN                                           | IT,                | NC US             | 011120110111p  |  |  |
|                                                    | Current Address                                                                                           |          |                 |             |                      |                 |                |                               | Phone                  |                                   |                                  |                   | )<br>Occupation  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  | <b>I I</b> R∈      | I                 | Unknown        |  |  |
|                                                    | 1340 Crosswinds Dr, HIGH POINT, NC 27265                                                                  |          |                 |             |                      |                 |                |                               | 336-434-7872           |                                   |                                  |                   |                  | Sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                    |                   | Olikilowii     |  |  |
|                                                    |                                                                                                           | er's Nam |                 |             | Addres               |                 |                |                               |                        |                                   | Phone                            |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | DMS                                                                                                       |          |                 |             |                      |                 |                |                               |                        |                                   |                                  | 12 N. MAIN        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    | 336-882-4473      |                |  |  |
|                                                    | Also Known As (Alias Names)                                                                               |          |                 |             |                      |                 |                |                               | 5'05                   | · •                               |                                  |                   | Hair Eyes LN BLU |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 1                                              | l II               |                   | d Drug/Alcohol |  |  |
|                                                    | Scars, Marks, Tattoos                                                                                     |          |                 |             |                      |                 |                | Social Secu                   |                        |                                   |                                  |                   | BLN BLU d State  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Misc. # and Type   |                   | Unk            |  |  |
|                                                    | ocars, Mains, Tallous                                                                                     |          |                 |             |                      |                 |                | Coolai Coo                    | mry "                  |                                   | OLIV and State                   |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ""                                               | Sc. # and Type     |                   |                |  |  |
|                                                    |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  | The state of the s |                                                  |                    |                   |                |  |  |
|                                                    | Nearest Relative Name                                                                                     |          |                 |             |                      |                 |                | Addres                        | S                      |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Phone              |                   |                |  |  |
|                                                    | If Armed, Type of Weapon                                                                                  |          |                 |             |                      |                 |                | al Summons                    | Place of Arrest        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| A R R E S T                                        | Lat Oil-view Li Cii                                                                                       |          |                 |             |                      |                 | Timina<br>Cit  |                               | Warrant                | ırrant 397                        |                                  | W HARTLEY DR/INGI |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | LESIDE DR. HIGH    |                   |                |  |  |
|                                                    | Charge #1                                                                                                 |          |                 |             |                      |                 |                | Counts                        | DCI Code               | ш.                                |                                  |                   | on (if not a     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    | statute #         | Warr. Date     |  |  |
|                                                    | Assăult On A Female By Male Over 18<br>Years Of Age                                                       |          |                 |             |                      | ☐ Fei ☐ Misd    | 1              |                               | 0810                   |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    | 3(C)(2)           | 09/24/2014     |  |  |
|                                                    | Charge #2                                                                                                 |          |                 |             |                      | ☐ Fel           |                | Counts                        | DCI Code               | Off                               | Offense Jurisdiction (if not arr |                   |                  | rresting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | agency)                                          | Statute #          |                   | Warr. Date     |  |  |
|                                                    |                                                                                                           |          |                 |             |                      | ☐ Misd          |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | Charge #3                                                                                                 |          |                 |             |                      | П г.,           |                | Counts                        | DCI Code               | Off                               | Offense Jurisdiction             |                   |                  | on (if not arresting agency)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                    | Statute #         | Warr. Date     |  |  |
|                                                    | ☐ Fel ☐ Mis                                                                                               |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | VYR                                                                                                       | Ma       | ake             | Model       | 1                    | Style           |                | Color                         | Plate #/State          |                                   |                                  |                   | VIN              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| V E F<br>O                                         | 1996 FORD EXPLORER MP                                                                                     |          |                 |             |                      |                 |                |                               | CJM437                 | CJM4377 NC 2015 1FMDU34X4TUB64780 |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | Vehicle                                                                                                   | 1. [     | Left at Scene   |             | Secured              | ☐ Unse          | cure           |                               | Date/Time_             | 09/24                             | /2014                            | 00:3              | 6                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    |                                                                                                           |          | Released to oth |             |                      | ☐ Name          | e of Ot        | ther                          |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    | SUSP              |                |  |  |
|                                                    | Date/Tii                                                                                                  |          | ☐ Impounded     | ☐ Place of  | storage_<br>Place C  | onfined         |                |                               |                        |                                   |                                  |                   | II Com           | mitting N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | Inventory          | on File?          |                |  |  |
| BOND<br>F-NED                                      | 1 09/24/2014 02·05·25 HIGH POINT .ΙΔ                                                                      |          |                 |             |                      |                 |                | Committing Magistrate BILLIPS |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | Type Bond Bond Amount                                                                                     |          |                 |             |                      |                 |                | Trial Date Co.                |                        |                                   |                                  | t Of City         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    | ☐ Written Promise ☐ Unsecured ☐ Secured ☐ No Bond ☐ Other \$0.0                                           |          |                 |             |                      |                 | .00            | 0 10/20/2014 08:30            |                        |                                   | Guilford County                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | HIGH POINT         |                   |                |  |  |
|                                                    | Assisting Officer Name/ID #                                                                               |          |                 |             |                      |                 |                |                               |                        | By (Name/Department/ID #)         |                                  |                   | 1                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Date/Time Released |                   |                |  |  |
|                                                    | -   U   I                                                                                                 |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| Status<br>Codes                                    | L - Los                                                                                                   | t S-     | - Stolen R - Re | ecovered    | D - Dama             | ged Z - Seiz    | ed             | B - Burne                     | d C - Counte           | rfeit / Fo                        | orged                            | F - F             | ound             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| ARRIANT OR UGS                                     | DCI Status Quantity Type Measure                                                                          |          |                 |             |                      |                 | Suspected Type |                               |                        |                                   |                                  | L.                |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · ·                                              |                    | of activity for e |                |  |  |
|                                                    |                                                                                                           |          |                 |             |                      |                 |                |                               |                        | -                                 | Possess                          | Buy               | Sale             | Mfg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Importing                                        | Operating          |                   |                |  |  |
|                                                    |                                                                                                           |          |                 |             | -                    |                 |                |                               |                        |                                   |                                  | -                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                |                    |                   |                |  |  |
|                                                    |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  | +                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>                                     </del> |                    |                   |                |  |  |
| UTE                                                |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| ST                                                 |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| ļ                                                  |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| -                                                  |                                                                                                           |          |                 | +           |                      |                 |                |                               |                        |                                   |                                  | +                 |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                    |                   |                |  |  |
| -                                                  |                                                                                                           |          |                 |             | -                    |                 |                |                               |                        |                                   |                                  | +                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| co                                                 | Name:                                                                                                     | Comp     | olainant□       | Victim      | -                    |                 |                | Addre                         | ss                     |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Pł                 | none:             |                |  |  |
| O<br>M                                             |                                                                                                           | ·        |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| <u>Р</u>                                           | Subject was arrested during a traffic stop for a related domestic violence call. Subject was              |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| N<br>A<br>R                                        | Subject was arrested during a traffic stop for a related domestic violence call. Subject was cooperative. |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıs                                               |                    |                   |                |  |  |
| R                                                  |                                                                                                           | , 0_ 0.0 |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| A<br>T                                             |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| I<br>V                                             |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
|                                                    |                                                                                                           |          |                 |             |                      |                 |                |                               |                        |                                   |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| E                                                  | A:                                                                                                        | - 04"    | O:              |             |                      |                 |                |                               |                        |                                   | Supervisor Signature             |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                    |                   |                |  |  |
| s                                                  | Arrestin                                                                                                  | -        | •               | חו (פי      | OUGU,                |                 | Date           |                               |                        | ΕΛ                                |                                  |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ۸                                                |                    |                   |                |  |  |
| S<br>T<br>A                                        |                                                                                                           |          | SHUMAN,         |             | •                    |                 | Date           |                               | 1/2014 00:             |                                   |                                  |                   | GLISH            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Α.                                               |                    |                   |                |  |  |
| S<br>T                                             | Case S                                                                                                    | tatus:   | SHUMAN,         | Case Dispos | sition:<br>By Arrest | / No Supplement |                | 09/24                         |                        |                                   | e                                |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Α.                                               |                    |                   |                |  |  |

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