

## ARREST REPORT

A G E N C Y	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>06/09/2014 14:43</b>		OCA <b>201416560</b>					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) <b>QQ7508G</b>	Arrest Tract		Residence Tract <b>5</b>		Arrest Number <b>2689391</b>					
A R R E S T E E	Name (Last, First, Middle) <b>CARTER, SHAQUAN RALPH</b>			D.O.B.	Age <b>24</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>NEW YORK, NY</b>	Country of Citizenship <b>US</b>			
	Current Address <b>407 Washington St, HIGH POINT, NC 27260</b>			Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>5'05</b>	Wgt <b>145</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>LGT</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
A R R E S T	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>2012 N MAIN ST, HIGH POINT</b>							
	Charge #1 <b>Shoplifting</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0630</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72.1</b>	Warr. Date <b>06/09/2014</b>				
	Charge #2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
	Charge #3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
V E H I C L E	VYR	Make	Model	Style	Color	Plate #/State	VIN					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____											
C O N F I N E D	Date/Time Confined <b>06/09/2014 16:15:00</b>		Place Confined <b>505 E GREEN DR</b>		Committing Magistrate <b>KOKAJKO</b>							
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$10,000.00</b>	Trial Date <b>07/14/2014 08:30</b>	Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>					
	Assisting Officer Name/ID # <b>PRESSON, E. J. 1</b>		Released By (Name/Department/ID #)			Date/Time Released						
Status Codes	L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found											
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	No problems with arrest.  Officer Presson fingerprinted for me.											
S T A T U S	Arresting Officer Signature/ID # <b>HICKS, T. G. (11646)</b>			Date/Time Submitted <b>06/10/2014 07:09</b>		Supervisor Signature <b>ENGLISH, W. A.</b>						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature							