

## ARREST REPORT

|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------|-----------|
| A<br>G<br>E<br>N<br>C<br>Y           | Agency Name<br><b>High Point Police Department</b>                                                                                                                                                                                                                                                                                                                      |                                      | ORI<br><b>0410300 H0001</b>                                                                                                                                                                           |                                                | Date/Time Arrested<br><b>08/25/2014 17:00</b>        |                                                | OCA<br><b>201425486</b>                       |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      | <input type="checkbox"/> Taken<br><input type="checkbox"/> Prints<br><input type="checkbox"/> Photos                                                                                                                                                                                                                                                                    | Fingerprint Card Check Digit # (CKN) |                                                                                                                                                                                                       | Arrest Tract<br><b>2</b>                       |                                                      | Residence Tract<br><b>3</b>                    |                                               | Arrest Number<br><b>2691149</b>                                                                                        |                                                                                                                           |                                     |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T<br>E<br>E | Name (Last, First, Middle)<br><b>ROACH, ROBERT JERMAINE</b>                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                       | D.O.B.                                         |                                                      | Age<br><b>42</b>                               | Race<br><b>B</b>                              | Sex<br><b>M</b>                                                                                                        | Place of Birth<br><b>NEW HAVEN, CT</b>                                                                                    | Country of Citizenship<br><b>US</b> |      |           |           |
|                                      | Current Address<br><b>404 Snider St, HIGH POINT, NC 27265</b>                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                       | Phone<br><b>336-954-0387</b>                   |                                                      | Occupation                                     |                                               | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-Resident |                                                                                                                           |                                     |      |           |           |
|                                      | Employer's Name<br><b>DISABLED</b>                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                       | Address                                        |                                                      |                                                | Phone                                         |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      | Also Known As (Alias Names)<br><b>RASHEAN; ROACHE, ROBERT JERMAIN; ROCHE,</b>                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                       | Hgt<br><b>5'10</b>                             | Wgt<br><b>189</b>                                    | Hair<br><b>BLK</b>                             | Eyes<br><b>BRO</b>                            | Skin Tone<br><b>MBR</b>                                                                                                | Consumed Drug/Alcohol<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |                                     |      |           |           |
|                                      | Scars, Marks, Tattoos<br><b>SCAR RGHT ARM; TATT RGHT ARM; SCAR</b>                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                       | Social Security #                              |                                                      | OLN and State                                  |                                               | Misc. # and Type                                                                                                       |                                                                                                                           |                                     |      |           |           |
|                                      | Nearest Relative Name                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                       | Address                                        |                                                      |                                                | Phone                                         |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
| A<br>R<br>R<br>E<br>S<br>T           | If Armed, Type of Weapon<br><b>NOT APPLICABLE/NONE</b>                                                                                                                                                                                                                                                                                                                  |                                      | <input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons<br><input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant |                                                | Place of Arrest<br><b>507 E GREEN DR, HIGH POINT</b> |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      | Charge #1<br><b>Failure To Appear</b>                                                                                                                                                                                                                                                                                                                                   |                                      | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd                                                                                                                              | Counts<br><b>1</b>                             | DCI Code<br><b>2640</b>                              | Offense Jurisdiction (if not arresting agency) |                                               | Statute #<br><b>FTA</b>                                                                                                | Warr. Date<br><b>07/15/2014</b>                                                                                           |                                     |      |           |           |
|                                      | Charge #2<br><b>Failure To Appear</b>                                                                                                                                                                                                                                                                                                                                   |                                      | <input type="checkbox"/> Fel<br><input checked="" type="checkbox"/> Misd                                                                                                                              | Counts<br><b>1</b>                             | DCI Code<br><b>2640</b>                              | Offense Jurisdiction (if not arresting agency) |                                               | Statute #<br><b>FTA</b>                                                                                                | Warr. Date<br><b>07/28/2014</b>                                                                                           |                                     |      |           |           |
|                                      | Charge #3                                                                                                                                                                                                                                                                                                                                                               |                                      | <input type="checkbox"/> Fel<br><input type="checkbox"/> Misd                                                                                                                                         | Counts                                         | DCI Code                                             | Offense Jurisdiction (if not arresting agency) |                                               | Statute #                                                                                                              | Warr. Date                                                                                                                |                                     |      |           |           |
| V<br>E<br>H<br>I<br>C<br>L<br>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 _____<br>2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____<br>3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____ |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
| C<br>O<br>N<br>F<br>I<br>N<br>E<br>D | Date/Time Confined<br><b>08/25/2014 17:20:20</b>                                                                                                                                                                                                                                                                                                                        |                                      | Place Confined<br><b>HIGH POINT JAIL</b>                                                                                                                                                              |                                                |                                                      | Committing Magistrate<br><b>GILLESPIE</b>      |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      | Type Bond<br><input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured<br><input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other                                                                                                                                                                 |                                      | Bond Amount<br><b>\$5,200.00</b>                                                                                                                                                                      |                                                | Trial Date<br><b>09/08/2014 08:30</b>                |                                                | Court Of<br><b>Guilford County</b>            |                                                                                                                        | City<br><b>HIGH POINT</b>                                                                                                 |                                     |      |           |           |
|                                      | Assisting Officer Name/ID #<br><b>0</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<br>R<br>U<br>G<br>S                | DCI                                                                                                                                                                                                                                                                                                                                                                     | Status                               | Quantity                                                                                                                                                                                              | Type Measure                                   | Suspected Type                                       |                                                |                                               | Check up to 3 types of activity for each                                                                               |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               | Possess                                                                                                                | Buy                                                                                                                       | Sale                                | Mfg. | Importing | Operating |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      |                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
| C<br>O<br>M<br>P                     | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                       | Address                                        |                                                      |                                                |                                               | Phone:                                                                                                                 |                                                                                                                           |                                     |      |           |           |
|                                      | Came in contact with subject at the jail.<br><br>Subject was checked for outstanding warrants.<br><br>No incident during arrest.                                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                                       |                                                |                                                      |                                                |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
| S<br>T<br>A<br>T<br>U<br>S           | Arresting Officer Signature/ID #<br><b>SIX, D. A. (386715)</b>                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                       | Date/Time Submitted<br><b>08/25/2014 17:00</b> |                                                      |                                                | Supervisor Signature<br><b>BEASLEY, J. E.</b> |                                                                                                                        |                                                                                                                           |                                     |      |           |           |
|                                      | Case Status:<br><input type="checkbox"/> Further Inv.<br><input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed                                                                                                                                                                                                                                   |                                      | Case Disposition:<br><input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed<br><input type="checkbox"/> Arrest / No Investigation                                               |                                                |                                                      | Arrestee Signature                             |                                               |                                                                                                                        |                                                                                                                           |                                     |      |           |           |

\*\* Continued \*\*

**ARREST REPORT (Additional Narrative)**

|                                                    |                             |                                               |                                 |
|----------------------------------------------------|-----------------------------|-----------------------------------------------|---------------------------------|
| Agency Name<br><b>High Point Police Department</b> | ORI<br><b>0410300 H0001</b> | Date/Time Arrested<br><b>08/25/2014 17:00</b> | OCA<br><b>201425486</b>         |
| Arrestee Name<br><b>ROACH, ROBERT JERMAINE</b>     |                             |                                               | Arrest Number<br><b>2691149</b> |

Subject was placed back into the High Point Jail.