

## ARREST REPORT

AGENCY INFO	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>08/20/2014 18:18</b>		OCA <b>201424913</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract <b>2</b>		Residence Tract <b>4</b>		Arrest Number <b>2691026</b>					
ARRESTEE INFO	Name (Last, First, Middle) <b>BULLARD, ANGELA DAWN</b>			D.O.B.	Age <b>44</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>GREENSBORO, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>1307 Tipton St, HIGH POINT, NC 27262</b>			Phone <b>336-300-0464</b>		Occupation <b>Student</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>DCCC</b>			Address			Phone					
	Also Known As (Alias Names) <b>BULLARD, ANGEL</b>			Hgt <b>5'06</b>	Wgt <b>150</b>	Hair <b>BRO</b>	Eyes <b>BLU</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos <b>BMAR UPLF LEG; SCAR ABDOMEN /</b>			Social Security #		OLN and State		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
ARREST	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>505 E GREEN DR, HIGH POINT</b>							
	Charge #1 <b>Unauthorized Use Of Motor Vehicle</b>	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1140</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-72.2</b>	Warr. Date <b>08/18/2014</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				
VEHICLE INFO	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? _____											
CONFINED	Date/Time Confined		Place Confined			Committing Magistrate <b>LANDEN</b>						
	Type Bond <input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>10/06/2014 08:30</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>				
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #) <b>MOSS, L. E.</b>			Date/Time Released <b>08/20/2014 18:30:00</b>					
Status Codes	L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found											
DRUGS ARREST	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
STATUS	Arresting Officer Signature/ID # <b>MOSS, L. E. (326166)</b>			Date/Time Submitted <b>08/20/2014 19:40</b>		Supervisor Signature <b>KUN, M. 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							