

ARREST REPORT

AGENCY INFO	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 07/07/2014 01:26		OCA 201419672	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 5		Residence Tract 3		Arrest Number 2689999	
ARRESTEE INFO	Name (Last, First, Middle) ARMSTRONG, CYNTERRIA NICOLE				D.O.B.	Age 21	Race B	Sex F
	Current Address 605 Grayson St, E, HIGH POINT, NC 27260				Phone 336-886-1930		Occupation Student	
	Employer's Name MCDONALDS				Address S MAIN ST.			
	Also Known As (Alias Names)				Hgt 5'02	Wgt 103	Hair BLK	Eyes BRO
					Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos TATT UPRT BACK / BUTTERFLY; TATT				Social Security #		OLN and State	
ARREST	Nearest Relative Name				Address			
	Phone							
	If Armed, Type of Weapon NOT APPLICABLE/NONE				Place of Arrest 2420 E LEXINGTON AV, HIGH POINT			
	<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant							
ARREST	Charge #1 Fail Ret Rental Prop W/written Purchase Option		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1190	Offense Jurisdiction (if not arresting agency) DAVIDSON COUNTY		Statute # 14-168.4
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
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		
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount \$0.00	Trial Date 08/08/2014 09:00		Court Of Davidson County		City LEXINGTON
	Assisting Officer Name/ID # 0			Released By (Name/Department/ID #) FINN, S. M.			Date/Time Released 07/07/2014 01:26:00	
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:
	This subject was served with a criminal summons at 2420 E Lexington Av.							
STATUS	Arresting Officer Signature/ID # FINN, S. M. (387468)				Date/Time Submitted 07/07/2014 01:26		Supervisor Signature ENGLISH, W. A.	
	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		