

## 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>06/30/2014 23:00</b>		OCA <b>201418946</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>4</b>		Residence Tract <b>4</b>		Arrest Number <b>2689863</b>					
A R R E S T E E	Name (Last, First, Middle) <b>STRICKLAND, ROBERT LEE IV</b>			D.O.B.		Age <b>38</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>ST LOUIS, MO</b>	Country of Citizenship <b>US</b>			
	Current Address <b>914 Cooksey Dr, THOMASVILLE, NC 27360</b>			Phone <b>336-561-1315</b>		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident					
	Employer's Name <b>UNEMPLOYED</b>			Address			Phone						
	Also Known As (Alias Names) <b>STRICKLAND, ROBERT; STRICKLAND, ROBERT L;</b>			Hgt <b>5'10</b>	Wgt <b>180</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Skin Tone <b>MED</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos <b>PRCD BOTH EAR; TATT NECK / TRICK;</b>			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 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>916 W KIVETT DR, HIGH POINT</b>								
	Charge #1 <b>Failure To Appear</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2640</b>	Offense Jurisdiction (if not arresting agency) <b>DAVIDSON COUNTY</b>		Statute # <b>FTA</b>	Warr. Date <b>04/23/2014</b>				
	Charge #2 <b>Probation Violation</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>2660</b>	Offense Jurisdiction (if not arresting agency) <b>DAVIDSON COUNTY</b>		Statute # <b>15A-305(B)4</b>	Warr. Date <b>05/15/2014</b>				
	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 <b>2001</b>	Make <b>GMC</b>	Model <b>YUKON</b>	Style <b>SUV</b>	Color <b>BUR</b>	Plate #/State <b>BLR3495 NC 2014</b>	VIN <b>1GKEK13T91R166711</b>						
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Name of Other _____ Date/Time <b>06/30/2014 00:00</b> 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ <b>ALOT</b> 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>07/01/2014 00:15:57</b>		Place Confined <b>HIGH POINT JAIL</b>			Committing Magistrate <b>BILLIPS</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>\$5,500.00</b>		Trial Date <b>08/15/2014 00:00</b>		Court Of <b>Davidson County</b>		City <b>THOMASVILLE</b>				
	Assisting Officer Name/ID # <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 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:					
	<b>Came into contact with same during a traffic stop at a check point. Same caused no issues.</b>												
S T A T U S	Arresting Officer Signature/ID # <b>BRANCACCIO, T. J. (388174)</b>			Date/Time Submitted <b>07/01/2014 00:15</b>			Supervisor Signature <b>FOX, C. S.</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							