

## 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>06/29/2014 00:14</b>		OCA <b>201418779</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>3</b>		Residence Tract <b>99</b>		Arrest Number <b>2689818</b>				
A R R E S T E E	Name (Last, First, Middle) <b>NOBLES, CANDICE LEANNE</b>			D.O.B.		Age <b>29</b>	Race <b>W</b>	Sex <b>F</b>	Place of Birth <b>ASHEBORO, NC</b>	Country of Citizenship <b>US</b>		
	Current Address <b>13321 E Old Hwy 64, LEXINGTON, NC 27292</b>			Phone <b>336-259-7992</b>		Occupation		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident				
	Employer's Name <b>UNEMPLOYED</b>			Address				Phone <b>336- -</b>				
	Also Known As (Alias Names) <b>SWANEY, JESSICA BREANN; PARRISH, CANDICE</b>			Hgt <b>6'00</b>	Wgt <b>150</b>	Hair <b>BRO</b>	Eyes <b>GRN</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>TATT WRIST / TALYNN; TATT NECK /</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>2010 S MAIN ST, HIGH POINT</b>							
	Charge #1 <b>Possession Of Drug Paraphernalia</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>1834</b>	Offense Jurisdiction (if not arresting agency) <b>DAVIDSON CO</b>		Statute # <b>90-113.22</b>	Warr. Date <b>12/16/2013</b>			
	Charge #2 <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 CO</b>		Statute # <b>FTA</b>	Warr. Date <b>06/06/2014</b>			
	Charge #3 <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 CO</b>		Statute # <b>FTA</b>	Warr. Date <b>01/30/2014</b>			
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>06/29/2014 01:18:00</b>		Place Confined <b>HP JAIL</b>			Committing Magistrate <b>NEWMAN</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>08/08/2014 09:00</b>		Court Of <b>Davidson County</b> City <b>LEXINGTON</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:				
	Subject was contacted in the pva of Sunoco gas station (2010 S Main ST). Arrested w/o incident. No problems while in custody.											
S T A T U S	Arresting Officer Signature/ID # <b>COX, B. S. (383835)</b>			Date/Time Submitted <b>06/29/2014 00:14</b>			Supervisor Signature <b>JOHNSON, C. R.</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						