

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 06/30/2014 10:30		OCA 201418876	
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract 5		Residence Tract 2		Arrest Number 2689855	
A R R E S T E E	Name (Last, First, Middle) PENN, EUGENE MAURICE			D.O.B.	Age 37	Race B	Sex M	Place of Birth DETROIT, MI
	Current Address 223 Woodbury St, HIGH POINT, NC 27260			Phone 706-984-3602		Occupation Maintenance		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
	Employer's Name HIATT PLACE			Address GREENSBORO				Phone 336- -
	Also Known As (Alias Names)			Hgt 6'01	Wgt 200	Hair BLK	Eyes BRO	Skin Tone MED <input type="checkbox"/> Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	Scars, Marks, Tattoos		Social Security #		OLN and State		Misc. # and Type	
	Nearest Relative Name			Address				Phone
A R R E S T	If Armed, Type of Weapon NOT APPLICABLE/NONE		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 1449 WEST AV - E, HIGH POINT			
	Charge #1 Trespass (second Degree)		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2670	Offense Jurisdiction (if not arresting agency)		Statute # 14-159.13
	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 #
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		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 00:00		Court Of Guilford County		City HIGH POINT
	Assisting Officer Name/ID # INTHISANE, D. T. 1		Released By (Name/Department/ID #) MOSS, L. E.			Date/Time Released 06/30/2014 11:17:25		
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:	
	See field sheet							
S T A T U S	Arresting Officer Signature/ID # MOSS, L. E. (326166)			Date/Time Submitted 06/30/2014 15:14		Supervisor Signature FOX, C. S.		
	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			