

ARREST REPORT

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|--------------------------------------|---|--------------------------|---|--|--|--|---|--|---|-------------------------------------|------|-----------|-----------|
| A G E N C Y | Agency Name High Point Police Department | | ORI 0410300 H0001 | | Date/Time Arrested 09/04/2014 21:01 | | OCA 201426618 | | | | | | |
| | Taken <input checked="" type="checkbox"/> Prints Fingerprint Card Check Digit # (CKN) <input checked="" type="checkbox"/> Photos QQ8278P | Arrest Tract 3 | | Residence Tract 99 | | Arrest Number 2691399 | | | | | | | |
| A R R E S T E E | Name (Last, First, Middle) DAVIS, ASHLEY ANN | | | D.O.B. | | Age 27 | Race W | Sex F | Place of Birth THOMASVILLE, NC | Country of Citizenship US | | | |
| | Current Address 219 Alison Ln, ARCHDALE, NC 27263 | | | Phone 336-471-8611 | | Occupation Unemployed | | <input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident | | | | | |
| | Employer's Name UNEMPLOYED | | | Address | | | Phone | | | | | | |
| | Also Known As (Alias Names) | | | Hgt 5'02 | Wgt 120 | Hair BRO | Eyes HAZ | Skin Tone FAR | Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | | |
| | Scars, Marks, Tattoos PRCD TONGUE; SCAR LOWR STOMACH | | | 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 checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | | Place of Arrest 2628 S MAIN ST, HIGH POINT | | | | | | | | |
| | Charge #1 Shoplifting | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 0630 | Offense Jurisdiction (if not arresting agency) | | Statute # 14-72.1 | Warr. Date 09/04/2014 | | | | |
| | 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 | | | | |
| 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 09/04/2014 20:30:00 | | Place Confined HP JAIL | | | Committing Magistrate NEWMAN | | | | | | | |
| | 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 \$5,000.00 | | Trial Date 10/13/2014 08:30 | | Court Of Guilford County | | City HIGH POINT | | | | |
| | Assisting Officer Name/ID # 0 | | | 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 |
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| C O M P | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/> | | | Address | | | | Phone: | | | | | |
| | No problems during the arrest. She admitted to being on Heroin at the time of arrest. | | | | | | | | | | | | |
| S T A T U S | Arresting Officer Signature/ID # PERRYMAN, P. J. (256599) | | | Date/Time Submitted 09/04/2014 21:01 | | | 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 | | | | | | | |