

ARREST REPORT

A G E N C Y	Agency Name High Point Police Department		ORI 0410300 H0001		Date/Time Arrested 07/31/2014 12:10		OCA 201422434					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)		Arrest Tract 9		Residence Tract 5		Arrest Number 2690589				
A R R E S T E E	Name (Last, First, Middle) CASTIGLIA, SALVATORE			D.O.B.		Age 52	Race W	Sex M	Place of Birth	Country of Citizenship US		
	Current Address 1415 Chatham Dr, HIGH POINT, NC 27265			Phone 336-887-9799		Occupation Owner		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name NAPOLI'S PIZZA			Address 1901 BRENTWOOD ST			Phone					
	Also Known As (Alias Names)			Hgt 5'08	Wgt 178	Hair BLK	Eyes BRO	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 601 N ELM ST, HIGH POINT							
	Charge #1 Misdemeanor Death By Vehicle		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 0120	Offense Jurisdiction (if not arresting agency)		Statute # 20-141.4(A2)	Warr. Date			
	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		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 08/25/2014 08:30		Court Of Guilford County		City HIGH POINT			
	Assisting Officer Name/ID # ABERNETHY, P. A. 1		Released By (Name/Department/ID #) CROUSE, J. S.				Date/Time Released 07/31/2014 12:30:00					
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:				
	charged by citation C2698527-7. This charge stemmed from a traffic crash that occurred on 07/29/2014. The crash resulted in the death of Wayne Timothy Comer. Mr. Castiglia met me at High Point Regional Hospital where he provided me with a sample of his blood and he was issued a citation for Misdemeanor death.											
S T A T U S	Arresting Officer Signature/ID # CROUSE, J. S. (324180)			Date/Time Submitted 07/31/2014 12:10			Supervisor Signature KRAMP, T. M.					
	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						