

## ARREST REPORT

AGENCY	Agency Name <b>High Point Police Department</b>		ORI <b>0410300 H0001</b>		Date/Time Arrested <b>06/15/2014 22:10</b>		OCA <b>201417252</b>					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract		Residence Tract <b>7</b>		Arrest Number <b>2689527</b>					
ARRESTEE	Name (Last, First, Middle) <b>DAVID, JAMES CHRISTOPHER</b>			D.O.B.	Age <b>43</b>	Race <b>B</b>	Sex <b>M</b>	Place of Birth <b>HIGH POINT, NC</b>	Country of Citizenship <b>US</b>			
	Current Address <b>1839 Blain St, HIGH POINT, NC 27262</b>			Phone <b>336-883-7662</b>		Occupation <b>Worker</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name <b>GTCC</b>			Address <b>JAMESTOWN</b>			Phone <b>336- -</b>					
	Also Known As (Alias Names) <b>INGRAM, CHRISTOPHER JAMES; LEGRANDE, EDDIE</b>			Hgt <b>5'10</b>	Wgt <b>165</b>	Hair <b>BRO</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		Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name			Address			Phone					
ARREST	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>1101 EASTCHESTER DR, HIGH POINT</b>							
	Charge #1 <b>Breaking And Entering - Building (misdemeanor)</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0520</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-54(B)</b>	Warr. Date <b>06/10/2014</b>			
	Charge #2 <b>Assault &amp; Battery</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0800</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(A)</b>	Warr. Date <b>06/10/2014</b>			
	Charge #3 <b>Assault On A Female By Male Over 18 Years Of Age</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0810</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-33(C)(2)</b>	Warr. Date <b>06/10/2014</b>			
VEHICLE	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? _____											
CONFINED	Date/Time Confined		Place Confined			Committing Magistrate <b>GARBER</b>						
	Type Bond <input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>	Trial Date <b>07/28/2014 00:00</b>		Court Of <b>Guilford County</b>		City <b>HIGH POINT</b>				
	Assisting Officer Name/ID # <b>0</b>			Released By (Name/Department/ID #) <b>DUGGINS, S. N.</b>			Date/Time Released <b>06/15/2014 22:00:00</b>					
Status Codes	L - Lost   S - Stolen   R - Recovered   D - Damaged   Z - Seized   B - Burned   C - Counterfeit / Forged   F - Found											
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMP	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address				Phone:				
	Subject was contacted form a field contact and advised me that he had a warrant for his arrest and was taken into custody where he was served for the code 5 and released with promise to appear.											
STATUS	Arresting Officer Signature/ID # <b>DUGGINS, S. N. (388567)</b>			Date/Time Submitted <b>06/15/2014 22:10</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						