



***HARNETT COUNTY SHERIFF'S
OFFICE***

NEWS RELEASE

April 16, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/15/2020 Hrs: 14:40		OCA 20001820						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3973NBP	Arrest Tract 1130	Residence Tract 1115		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) JACKSON TOMMY RAY III			Age 22	Race B	Sex M	Place of Birth NORTH CAROLINA	Country of Citizenship US				
	Current Address 34 HAPPY LN BROADWAY NC 27505-		Phone	Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Resident				
	Employer's Name		Address			Phone						
	Also Known As (Alias Names)		Hgt 602	Wgt 151	Hair BLACK	Eye BROWN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos TAT TATTOOS TAT R CHK HEART 06		Social Security #	OLN		State NC	Misc. # and Type Driver's License					
	Nearest Relative Name JANET JONES (GRANDMOTHER)		Address 34 HAPPY LN BROADWAY NC 27505-			Phone						
ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 175 BAIN ST LILLINGTON							
	Charge # 1 BREAK OR ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Jurisdiction (If not arresting Agency)		Statute# 14-56 Warr Date Mo Date Year 04/15/2020					
	Charge # 2 MISDEMEANOR LARCENY	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(A) Warr Date Mo Date Year 04/15/2020					
	Charge # 3 POSSESSION OF STOLEN GOODS	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1 Warr Date Mo Date Year 04/15/2020					
VEH INFO.	VYR	Make	Model	Style	Color	Lic/Lis	VIN					
	Vehicle: 1: <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ Hrs _____ 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? <input type="checkbox"/>											
CONFINED BOND INFO	Date/Time Confined 04/15/2020 Hrs: 15:00		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate R. HOLDER						
	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		Amt. Bond \$10,000.00		Trial Date 04/17/2020	Court of DISTRICT City LILLINGTON						
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:					
Status Codes	L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found (Check "OJ" column if recovered for other jurisdiction)											
DRUGS AT ARREST	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLAINANT	Name: IVEY M		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE TOMMY RAY JACKSON III SERVED AND PROCESSED ON WARRANT FOR ARREST AT THE HARNETT COUNTY DETENTION CENTER. TAKEN BEFORE MAGISTRATE R. HOLDER AND GIVEN A \$10,000.00 SECURED BOND WITH A FIRST APPEARANCE COURT DATE OF 4/17/2020.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI			Date/Time Submitted Mo Date Year 04/15/2020 Hrs: 17:00		Supervisor Signature						
	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					

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/15/2020 Hrs: 14:40		OCA 20001818						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3973NBP	Arrest Tract 1130	Residence Tract 1115	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) JACKSON TOMMY RAY III		D O B Mo Date Year	Age 22	Race B	Sex M	Place of Birth NORTH CAROLINA	Country of Citizenship US				
	Current Address 34 HAPPY LN BROADWAY NC 27505-		Phone	Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident						
	Employer's Name		Address		Phone							
	Also Known As (Alias Names)			Hgt 602	Wgt 151	Hair BLACK	Eye BROWN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos TAT TATTOOS TAT R CHK HEART 06		Social Security #	DOB	State NC	Misc. # and Type Driver's License						
	Nearest Relative Name JANET JONE (GRANDMOTHER)		Address 34 HAPPY LN BROADWAY NC 27505-		Phone							
ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 175 BAIN ST LILLINGTON							
	Charge # 1 BREAK OR ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-56	Warr Date Mo Date Year 04/15/2020				
	Charge # 2 MISDEMEANOR LARCENY	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(A)	Warr Date Mo Date Year 04/15/2020				
	Charge # 3 POSSESSION OF STOLEN GOODS	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 04/15/2020				
VEH. INFO.	VYR	Make	Model	Style	Color	Lic/Lis	VIN					
	Vehicle: 1: <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecure Date/Time _____ Hrs _____ 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? <input type="checkbox"/>											
CONFINED BOND INFO	Date/Time Confined 04/15/2020 Hrs: 15:00		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate R. HOLDER						
	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		Amt. Bond \$10,000.00		Trial Date 04/17/2020	Court of DISTRICT		City LILLINGTON				
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:					
DRUGS AT ARREST	Status Codes: L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found (Check "OJ" column if recovered for other jurisdiction)											
	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLAINANT	Name: IVEY M		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111				
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	Employer's Name		Address		Phone		
	Also Known As (Alias Names)			Hgt 604	Wgt 148	Hair BLACK	Eye BROWN
	Scars, Marks, Tattoos TAT TATTOOS TAT R CHK HEART 06			Social Security #	State NC	Misc. # and Type Driver's License	
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VEH. INFO.	VYR	Make	Model	Style	Color	Lic/Lis	VIN
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						Phone: 910-893-9111	
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