



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

***NEWS RELEASE***

***April 18, 2019***

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/17/2019 Hrs: 07:19		OCA 19002206
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0421NBH	Arrest Tract 1183	Residence Tract 1100	Arrest Number 01	

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) MCFALLING MICHAEL WAYNE		DOB Mo Date Year	Age 24	Race B	Sex M	Place of Birth RALEIGH	Country of Citizenship US	
	Current Address 4510 N NEW HOPE RALEIGH NC 27604-				Occupation UNEMPLOYED	<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident			
	Employer's Name			Address			Phone		
	Also Known As (Alias Names)				Hgt 511	Wgt 165	Hair BLACK	Eye BROWN	Skin Tone DARK
	Scars, Marks, Tattoos				Social Security #	State NC	Misc. # and Type		

<b>ARREST INFO</b>	If Armed, Type of Weapon		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant	Place of Arrest 175 BAIN STREET LILLINGTON			
	Charge # 1 FELONY PROBATION VIOLATION	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 2660	Offense Jurisdiction (If not arresting Agency) COATS PD		Statute# 15A-1345	Warr Date Mo Date Year 04/16/2019
	Charge # 2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (If not arresting agency)		Statute#	Warr Date Mo Date Year
	Charge # 3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (If not arresting agency)		Statute#	Warr Date Mo Date Year

<b>VEH. INFO.</b>	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"/>						

<b>CONFINED BOND INFO</b>	Date/Time Confined 04/17/2019 Hrs: 07:33		Place Confined HARNETT COUNTY		Committing Magistrate		
	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 05/07/2019	Court of WAKE		City RALEIGH
	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)

<b>DRUGS AT ARREST</b>	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"/>

<b>COMPLAINANT</b>	Name: WILLIAMS F BLAIR		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: CLERK OF SUPERIOR COURT WAKE NC 27521-		Phone:

**NARRATIVE**  
 ON APRIL 17, 2019 I SERVED MICHAEL MCFALLING WITH TWO FELONY PROBATION VIOLATIONS FROM WAKE COUNTY.

<b>STATUS</b>	Arresting Officer Signature/ID # HOLLAND JAYNE LOUISE JLHOL		Date/Time Submitted Mo Date Year 04/17/2019 Hrs: 07:45	Supervisor Signature	
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed	Case Disposition: <input type="checkbox"/> Cleared By Arrest/No Supplement Needed <input checked="" type="checkbox"/> Arrest/No Investigation		Arrestee Signature	

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/16/2019 Hrs: 17:38		OCA 19002202				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0418NBH	Arrest Tract 1183	Residence Tract 1183		Arrest Number				
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) MCLEAN HENRY LAMONT		D.O.B. Mo Date Year	Age 33	Race B	Sex M				
	Current Address 109 CREST CIRCLE SPRING LAKE NC 28390-		Phone	Occupation UNEMPLOYED	<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 506	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone DARK			
	Scars, Marks, Tattoos		#		State NC	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
Nearest Relative Name		Address		Phone						
<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 175 BAIN ST LILLINGTON				
	Charge # 1 FELONY PROBATION VIOLATION	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2660	Offense Jurisdiction (If not arresting Agency)	Statute# 15A-1345				
	Charge # 2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (If not arresting agency)	Statute#	Warr Date Mo Date Year			
	Charge # 3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (If not arresting agency)	Statute#	Warr Date Mo Date Year			
<b>VEH. INFO.</b>	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"/>									
<b>CONFINED BOND INFO</b>	Date/Time Confined 04/16/2019 Hrs: 18:30		Place Confined HARNETT COUNTY DETENTION							
	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 \$40,000.00	Trial Date	Court of HARNETT COUNTY	City LILLINGTON				
	Assisting Officer Name/ID Number BDG		Released By Name/Dept/ID			Date/Time Released Hrs:				
<b>DRUGS AT ARREST</b>	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"/>
<b>COMPLAINANT</b>	Name: STATE OF NORTH CAROLINA		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address:	Phone:			
	<p>ON APRIL 16, 2019 DEFENDANT SERVED AN ORDER FOR ARREST FOR FELONY PROBATION VIOLATION. 17CR053949</p> <p>THIS REPORT CLEARS HIM NCIC/NCAWARE BY ARREST.</p>									
<b>STATUS</b>	Arresting Officer Signature/ID # GILLIS BRAD DAVID		Date/Time Submitted Mo Date Year 04/16/2019 Hrs: 18:30		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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/16/2019 Hrs: 15:45		OCA 19002198
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0416NBP	Arrest Tract 1183	Residence Tract 1100		Arrest Number

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) URQUHART DALE JR		DOB Mo Date Year	Age 26	Race B	Sex M	Place of Birth NC	Country of Citizenship US		
	Current Address 3509 HARRISBURG DR. FAYETTEVILLE NC 28306-				Occupation PROFESSIONAL		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	Phone 910-977-1997		
	Employer's Name BRINKS HOME SECURITY			Address UNK. SPRING LAKE NC 28390-			Phone 910-977-1997			
	Also Known As(Alias Names)				Hgt 511	Wgt 230	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 CHEST BASEBALL PLAYER HOLDING CROSS				Social Security #		State NC	Misc. # and Type		

<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons	Place of Arrest 175 BAIN ST. LILLINGTON			
			<input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant				
	Charge # 1 FELONY POSSESSION SCHEDULE VI CONTROLLED SUB	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting Agency)	Statute# 90-95(D)(4)	Warr Date Mo Date Year 04/11/2019
	Charge # 2 MAINT VEH/DWELL/PLACE CS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1890	Offense Jurisdiction (If not arresting agency)	Statute# 90-108(A)(7)	Warr Date Mo Date Year 04/11/2019

<b>VEH. INFO.</b>	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 _____						

<b>CONFINED BOND INFO</b>	Date/Time Confined 04/16/2019 Hrs: 15:45		Place Confined HARNETT COUNTY JAIL		Committing Magistrate	
	Type Bond <input type="checkbox"/> Written Promise <input checked="" type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Amt. Bond \$10,000.00	Trial Date 04/17/2019	Court of DISTRICT	City LILLINGTON
	Assisting Officer Name/ID Number			Released By Name/Dept/ID		Date/Time Released Hrs:
	Status Codes (Check "OJ" column if recovered for other jurisdiction)					

<b>DRUGS AT ARREST</b>	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"/>

<b>COMPLAINANT</b>	Name: LETULLI		Complainant <input type="checkbox"/> Victim <input type="checkbox"/>	Address: LILLINGTON PD.		Phone:

**NARRATIVE**

ON THE DATE AND TIME LISTED ABOVE, I DEPUTY D.E. ABNEY MET WITH THE DEFENDANT AT THE HARNETT COUNTY SHERIFF'S OFFICE IN REFERENCE TO TURNING HIMSELF IN ON THE ABOVE, LISTED CHARGE HE WAS TAKEN INTO CUSTODY AND WAS PROCESSED WITHOUT INCIDENT.

<b>STATUS</b>	Arresting Officer Signature/ID # ABNEY DAVID EDWARD DEA		Date/Time Submitted Mo Date Year 04/16/2019 Hrs: 16:00	Supervisor Signature	
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed	Case Disposition: <input type="checkbox"/> Cleared By Arrest/No Supplement Needed <input checked="" type="checkbox"/> Arrest/No Investigation		Arrestee Signature	