



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

NEWS RELEASE

April 20, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/17/2020 Hrs: 15:38		OCA 19006637	
	<input checked="" type="checkbox"/> Taken Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 1573NQA	Arrest Tract 1100	Residence Tract 1100	Arrest Number		
ARRESTEE INFORMATION	Name (Last, First, Middle) URIBE LAURA ANN			Age 52	Race W	Sex F	Place of Birth
	Current Address 560 SUNRAY DR CLAYTON NC 27520-			Phone	Occupation UNKNOWN OR NOT STATED		<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 505	Wgt 175	Hair BROWN	Eye HAZEL
	Scars, Marks, Tattoos			Social Security #	State NC	Skin Tone LIGHT	
	Nearest Relative Name			Address			Phone
ARREST INFO	If Armed, Type of Weapon		<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 JOHNSTON COUNTY		
	Charge # 1 EMBEZZLEMENT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1290	Offense Jurisdiction (If not arresting Agency)	Statute# 14-90	Warr Date Mo Date Year 01/16/2020
	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
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 Hrs:		Place Confined		Committing Magistrate PACKARD/JOHNSTON COUNTY		
	<input type="checkbox"/> Written Promise <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Unsecured Amt. Bond \$10,000.00	Trial Date 01/21/2020	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.
COMPLAINANT	Name: WEST J D			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON 27546-	
						Phone: 910-893-9111	
NARRATIVE	1/17/2020 DEPUTY J.R. LONG WITH THE JOHNSTON COUNTY SHERIFFS OFFICE SERVED LAURA ANN URIBE WITH AN OUTSTANDING WARRANT FOR EMBEZZLEMENT. URIBE WAS GIVEN A \$10,000.00 UNSECURED BOND WITH A FIRST APPEARANCE DATE OF 1/21/2020						
STATUS	Arresting Officer Signature/ID #			Date/Time Submitted Mo Date Year		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	

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ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/17/2020 Hrs: 12:24		OCA 20000240						
	<input checked="" type="checkbox"/> Taken Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 3985NBC	Arrest Tract 1130	Residence Tract 10	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) LAMISON DASHAWN MARKEIS		DOB Mo Date Year	Age 25	Race B	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 629 VERNON ST BROADWAY NC 7332			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 511	Wgt 115	Hair BROWN	Eye BROWN	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
	Scars, Marks, Tattoos		#	State NC	Misc. # and Type							
	Nearest Relative Name		Address			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 DISCHARGE WEAPON OCCUPIED PROP	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 3	DCI Code 13A	Offense Jurisdiction (if not arresting Agency)		Statute# 14-34.1	Warr Date Mo Date Year 01/14/2020				
	Charge # 2 AWDW INTENT TO KILL	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 13A	Offense Jurisdiction (if not arresting agency)		Statute# 14-32(C)	Warr Date Mo Date Year 01/14/2020				
	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				
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 04/17/2020 Hrs: 13:00		Place Confined HCDC		Committing Magistrate C SMITH							
	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 \$150,000.00		Trial Date 04/20/2020	Court of HARNETT		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: D HILDRETH		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC			Phone:				
	NARRATIVE ON THIS DATE DASHAWN LAMISON TURNED HIMSELF IN ON OUTSTANDING WARRANTS. DASHAWN WAS SERVED AND TURNED OVER TO THE CUSTODY OF THE HARNETT COUNTY DETENTION CENTER.											
STATUS	Arresting Officer Signature/ID # HILDRETH DAVID JAY DJH			Date/Time Submitted Mo Date Year 04/17/2020 Hrs: 13:00		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

NCIC Clear

AGENCY INFO

Agency Name: HARNETT COUNTY SHERIFFS OFFICE
 ORI: NC0430000
 Date/Time of Arrest: 04/17/2020 Hrs: 07:26
 OCA: 20001412
 Taken Prints Fingerprint Card Check Digit # (CKN): 3981NBS
 Arrest Tract: 1110
 Residence Tract: 1182
 Arrest Number: _____

ARRESTEE INFORMATION

Name (Last, First, Middle): GUERRA JOSE ELIAS
 DOB: _____ Age: 33 Race: U Sex: M
 Current Address: 773 BLACK RD CAMERON NC 28326-
 Mo Date Year: _____ Phone: _____
 Occupation: UNEMPLOYED
 Place of Birth: L.A. CALIFORNIA Country of Citizenship: U.S.
 Employer's Name: _____ Address: _____
 Resident Unknown Non-Resident
 Also Known As (Alias Names): ELIAS GUERRA
 Phone: _____
 Scars, Marks, Tattoos: _____
 Hgt: 505 Wgt: 115 Hair: BLACK Eye: BROWN Skin Tone: LIGHT
 Consumed Drug/Alcohol: Yes No Unk
 Social Security #: _____
 Nearest Relative Name: CYNTHIA CORREA
 Address: _____ State: NC Misc. # and Type Driver's License: _____
 Phone: _____

ARREST INFO

If Armed, Type of Weapon: _____
 On-View Criminal Summons
 Order for Arrest Citation Warrant
 Place of Arrest: 175 BAIN ST. LILLINGTON, NC.
 Charge # 1: INDECENT LIBERTIES WITH CHILD
 Fel Misd Counts: 3 DCI Code: 11D
 Offense Jurisdiction (if not arresting Agency): _____ Statute#: 14-202.1 Warr Date Mo Date Year: 03/16/2020
 Charge # 2: _____
 Fel Misd Counts: _____ DCI Code: _____
 Offense Jurisdiction (if not arresting agency): _____ Statute#: _____ Warr Date Mo Date Year: _____
 Charge # 3: _____
 Fel Misd Counts: _____ DCI Code: _____
 Offense Jurisdiction (if not arresting agency): _____ Statute#: _____ Warr Date Mo Date Year: _____

VEH. INFO.

VYR: _____ Make: _____ Model: _____ Style: _____ Color: _____ Lic/Lis: _____ VIN: _____
 Vehicle: 1: Left at Scene Secured
 2: Released to other at owners request Unsecured Date/Time: _____ Hrs: _____
 3: Impounded Place of storage: _____ Name of Other: _____

CONFINED BOND INFO

Date/Time Confined: 04/17/2020 Hrs: 07:26
 Place Confined: HARNETT COUNTY DETENTION CENTER
 Inventory on File?
 Type Bond: Written Promise Unsecured
 Secured No Bond Other
 Amt. Bond: \$50,000.00 Trial Date: 04/17/2020
 Court of: SUPERIOR City: LILLINGTON
 Committing Magistrate: C. SMITH
 Assisting Officer Name/ID Number: _____ Released By Name/Dept/ID: _____

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) Date/Time Released: _____ Hrs: _____

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"/>
					<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: COLLINS T L Complainant Victim
 Address: 175 BAIN ST. LILLINGTON NC 27546-
 Phone: 910-893-9111

NARRATIVE

ON 4/17/20 JOSE ELIAS GUERRA TURNED HIMSELF IN WITH HIS ATTORNEY FOR OUTSTANDING WARRANTS CONSISTING OF 3 COUNTS OF INDECENT LIBERTIES WITH A CHILD G.S. 14-202.1. HE WAS ASSIGNED A \$50,000 SECURED BOND AND IS AWAITING TRIAL.

STATUS

Arresting Officer Signature/ID #: ZIMMERMAN CHRISTOPHER CLZ
 Date/Time Submitted: 04/17/2020 Hrs: 07:36
 Supervisor Signature: _____
 Case Status: Further Inv. Inactive Closed
 Case Disposition: Cleared By Arrest/No Supplement Needed
 Arrest/No Investigation
 Arrestee Signature: _____

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/17/2020 Hrs: 11:40		OCA 20002108						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3983NBK	Arrest Tract 1130	Residence Tract 1106		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) BELLAMY TYANDRA LANE E			D.O.B Mo Date Year	Age 24	Race B	Sex F	Place of Birth NC	Country of Citizenship US			
	Current Address 35 HONEY DRIVE H SPRING LAKE NC 28390-			Phone	Occupation		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident		<input type="checkbox"/> Unknown			
	Employer's Name			Address			Phone					
	Also Known As (Alias Names)			Hgt 505	Wgt 200	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 ARM DOVE AND SUN 60			Social Security #		State NC	Misc. # and Type Driver's License					
	Nearest Relative Name			Address			Phone					
ARREST INFO	If Armed, Type of Weapon 99		<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 checked="" type="checkbox"/> Warrant						
	Charge # 1 FINANCIAL CARD THEFT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (if not arresting Agency)		Statute# 14-113.9	Warr Date Mo Date Year 04/17/2020				
	Charge # 2 FELONY CONSPIRACY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (if not arresting agency)		Statute# 14-2.4(A)	Warr Date Mo Date Year 04/17/2020				
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					
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 04/17/2020 Hrs: 12:00		Place Confined HARNETT COUNTY DETNETION 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 \$5,000.00		Trial Date 04/21/2020	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
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 TYANDRA BELLAMY ARRESTED AND TAKEN BEFORE MAGISTRATE C SMITH AND GIVEN A \$5000.00 SECURED BOND.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI			Date/Time Submitted Mo Date Year 04/17/2020 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 04/17/2020 Hrs: 11:55		OCA 20002108
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3984NBG	Arrest Tract 1130	Residence Tract 1106		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) CARROLL ROBERT JAMES		Age 20	Race B	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 35 HONEY DRIVE H SPRING LAKE NC 28390-		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) RJ		Hgt 510	Wgt 180	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 L ARM ROBERT 18		Social Security #		State NC	Misc. # and Type Driver's License		

ARREST INFO	If Armed, Type of Weapon 99		<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 checked="" type="checkbox"/> Warrant		
	Charge # 1 FINANCIAL CARD THEFT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting Agency)	Statute# 14-113.9	Warr Date Mo Date Year 04/17/2020
	Charge # 2 FELONY CONSPIRACY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting agency)	Statute# 14-2.4(A)	Warr Date Mo Date Year 04/17/2020

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 04/17/2020 Hrs: 12:00	Place Confined HARNETT COUNTY DETENTION CENTER	Committing Magistrate C SMITH	
	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 \$5,000.00	Trial Date 04/21/2020	Court of DISTRICT
	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"/>	<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"/>		<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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NARRATIVE
ROBERT CARROLL ARRESTED, TAKEN BEFORE MAGISTRATE C SMITH AND GIVEN A \$5000.00 SECURED BOND

STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI		Date/Time Submitted Mo Date Year 04/17/2020 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 04/19/2020 Hrs: 23:00		OCA 20002293						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3997NBM		Arrest Tract 1130		Residence Tract 1100		Arrest Number 1					
ARRESTEE INFORMATION	Name (Last, First, Middle) COLE JONATHAN SCOTT			D.O.B. Mo Date Year		Age 34	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 318 ST ANDREWS CHURCH ROAD SANFORD NC 27332			Phone		Occupation UNEMPLOYED		<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone						
	Also Known As (Alias Names)			Hgt 600	Wgt 185	Hair RED	Eye HAZEL	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN		State NC	Misc. # and Type				
	Nearest Relative Name			Address			Phone						
ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 8 HENRY CHRISTAIN								
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant								
	Charge # 1 FELONY LARCENY		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 23H	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72(B)	Warr Date Mo Date Year 03/02/2020				
	Charge # 2 STOLEN PROPERTY OFFENSES (RECEIVING, ETC.)		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 03/02/2020				
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					
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 04/19/2020 Hrs: 23:40		Place Confined HARNETT COUNTY JAIL			Committing Magistrate R. ROMERO							
	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 \$500,000.00		Trial Date 04/21/2020	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
COMPLAINANT	Name: KLINGMAN M B			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST. LILLINGTON NC 27546-			Phone:			
	NARRATIVE ON 04/19/2020 JONATHAN COLE WAS ARRESTED ON WARRANTS OUT OF HARNETT COUNTY FOR FELONY LARCENY & POSSESSION OF STOLEN GOODS.												
STATUS	Arresting Officer Signature/ID # THOMAS JACOB CREWS JCT			Date/Time Submitted Mo Date Year 04/20/2020 Hrs: 12:38		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							