



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

NEWS RELEASE

April 29, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/28/2019 Hrs: 10:50		OCA 19002092						
	<input checked="" type="checkbox"/> Taken Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 0528NBT	Arrest Tract 1155	Residence Tract 1155		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) SPANGLER DANIEL			Age 49	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 2754 BAILEY RD. DUNN NC 28334-			Phone	Occupation UNKNOWN OR NOT STATED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name			Address			Phone					
	Also Known As (Alias Names) DANIEL			Hgt 509	Wgt 230	Hair OTHER	Eye BLUE	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #	OLN 7050066	State NC	Misc. # and Type Driver's License					
Nearest Relative Name			Address			Phone						
ARREST INFO	If Armed, Type of Weapon 97		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 2754 BAILEY RD. DUNN							
	Charge # 1 POSSESSION OF FIREARM BY FELON		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 1530	Offense Jurisdiction (If not arresting Agency)		Statute# 14-415.1	Warr Date Mo Date Year 04/28/2019			
	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			
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 04/28/2019 Hrs: 12:15		Place Confined HARNETT COUNTY JAIL					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 \$80,000.00		Trial Date 04/29/2019	Court of HARNETT COUNTY		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"/>		
COM-PLAIN-ANT	Name: M.E. WEAVER JR.			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: HARNETT COUNTY SHERIFF'S OFFICE			Phone: 910-893-9111		
	NARRATIVE ON APRIL 28TH, 2019, I, DETECTIVE M.E. WEAVER JR., CONDUCTED A NON-CUSTODIAL INTERVIEW WITH A SUSPECT OF A FORGERY CRIME. THE SUSPECT, DANIEL SPANGLER, INDICATED THAT HE DID PROPERTY OF THE VICTIM'S AT HIS RESIDENCE AND ADVISED ME THAT I MAY COME HAVE IT. AT APPROXIMATELY 10:30 A.M., DEPUTY KLINGMAN AND I ARRIVED AT MR. SPANGLER'S RESIDENCE. THE PROPERTY SUSPECTED AS BEING STOLEN WAS RECOVERED, AND TWO FIREARMS WERE LOCATED.											
STATUS	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE			Date/Time Submitted Mo Date Year 04/28/2019 Hrs: 12:20			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					

ADDITIONAL NARRATIVE

AGENCY:
HARNETT COUNTY SHERIFFS OFFICE

ORI #:
NC0430000

Date/Time On Scene:
04/28/2019

CASE #:
19002092

KNOWING THAT MR. SPANGLER WAS IN FACT A CONVICTED FELON, I SUBSEQUENTLY ARRESTED HIM FOR THIS OFFENSE.

MR. SPANGLER WAS BROUGHT BEFORE THE HONORABLE MAGISTRATE, C. SMITH, WHO FOUND "PROBABLE CAUSE" IN EXISTENCE. MR. SPANGLER WAS SUBSEQUENTLY PROVIDED A SECURED BOND OF \$80,000.00 AND A COURT DATE OF APRIL 29TH, 2019, AT THE HARNETT COUNTY COURTHOUSE, IN LILLINGTON

REPORTING OFFICER

ID

APPROVING SUPERVISOR

ID

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/28/2019 Hrs: 20:53		OCA 19002092						
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 0533NBL	Arrest Tract 1183	Residence Tract 1155	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) SPANGLER DANIEL		D O B Mo Date Year	Age 49	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 2754 BAILEY RD DUNN NC 28334-		Phone	Occupation LABORER	<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 509	Wgt 230	Hair GREY	Eye BLUE	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos		Social Security #	State NC	Misc. # and Type Driver's CLASS C License		Nearest Relative Name Address					
	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 175 BAIN ST LILLINGTON							
	ARREST INFO	Charge # 1 EXPLOIT DISABLE/ELDER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0410	Offense Jurisdiction (If not arresting Agency)		Statute# 14-32.3(C)	Warr Date Mo Date Year 04/28/2019			
Charge # 2 FELONY LARCENY		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0600	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)	Warr Date Mo Date Year 04/28/2019				
Charge # 3 POSSESSION OF STOLEN GOODS		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 04/28/2019				
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 04/28/2019 Hrs:20:53		Place Confined HARNETT COUNTY JAIL			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 \$75,000.00		Trial Date 04/29/2019	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: WEAVER M E			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111		
	NARRATIVE ON 04/28/2019, DANIEL SPANGLER WAS ARRESTED ON 14 HARNETT COUNTY WARRANTS FOR ARREST (EXPLOIT ELDER, FELONY LARCENY, POSS STOLEN GOODS, UTTERING FORGED ENDORSEMENT X 13, FORGERY OF INSTRUMENT X 13) (19CR051533, 19CR051534, 19CR051535, 19CR051536, 19CR051537, 19CR051539, 19CR051540, 19CR051541, 19CR051542, 19CR051543, 19CR051544, 19CR051545, 19CR051546, 19CR051547) HE WAS TAKEN BEFORE THE MAGISTRATE, GIVEN A BOND OF \$75,000, AND GIVEN A COURT DATE OF 04/29/2019 IN DISTRICT COURT OF LILLINGTON. CLEAR NCIC.											
STATUS	Arresting Officer Signature/ID # WERBELOW JOHN ASHLEY JAW			Date/Time Submitted Mo Date Year 04/28/2019 Hrs:22:00			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					

ORI:
NC0430000

ARREST REPORT ADDITIONAL CHARGES

OCA:
19002092

Charge	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
UTTERING FORGED ENDORSEMENT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	13	DCI 1015	Offense Jurisdiction (If not reporting agency)	14-120	04/28/2019
FORGERY OF INSTRUMENT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	13	DCI 1015	Offense Jurisdiction (If not reporting agency)	14-119	04/28/2019
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year

ARREST REPORT

Removed

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 04/26/2019 Hrs: 08:17		OCA 19000728
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 05113NBV	Arrest Tract 1116	Residence Tract 1116		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) MURCHISON CHRISTOPHER ANTOINE			Age 23	Race B	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 2900 CURRITUCK DR SANFORD NC 27332-		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) MURCH		Hgt 55	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 EAR STARS TAT TATTOOS TAT LF ARM JESUS FACE TAT TATTOO TAT L ARM MURCHISON TAT TATTOO					State NC	Misc. # and Type		

ARREST INFO	If Armed, Type of Weapon 04		<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 579 NICOLE DR. SANFORD			
	Charge # 1 ATTEMPTED MURDER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 3	DCI Code 0100	Offense Jurisdiction (If not arresting Agency)		Statute# 14-17	Warr Date Mo Date Year 04/23/2019
	Charge # 2 DISCHARGE WEAPON OCCUPIED PROP	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 29	DCI Code 0410	Offense Jurisdiction (If not arresting agency)		Statute# 14-34.1	Warr Date Mo Date Year 04/23/2019
	Charge # 3 FELONY CONSPIRACY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (If not arresting agency)		Statute# 14-2.4(A)	Warr Date Mo Date Year 04/24/2019

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 04/26/2019 Hrs: 09:45		Place Confined HARNETT DETENTION CENTER		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 \$1,000,000.00		Trial Date 04/29/2019	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
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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: BEASLEY R.		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
 ON 04/26/2019 CHRISTOPHER ANTOINE MURCHISON OF 224 KATHLEEN TERRACE SANFORD NC 27332 WAS TAKEN INTO CUSTODY FOR THE CHARGES OF 3 COUNTS OF ATTEMPTED FIRST DEGREE MURDER, 29 COUNTS OF DISCHARGE WEAPON INTO OCCUPIED PROPERTY, FELONY CONSPIRACY, MAINTAIN DWELLING FOR THE USE OF KEEPING AND OR SELLING CONTROLLED SUBSTANCE, PWIMSD SCH VI CONTROLLED SUBSTANCE, AND FELONY POSSESSION SCH VI CONTROLLED SUBSTANCE.

STATUS	Arresting Officer Signature/ID # BEASLEY RONALD HANS RHB		Date/Time Submitted Mo Date Year 04/26/2019 Hrs: 10:00	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

ADDITIONAL NARRATIVE

AGENCY: HARNETT COUNTY SHERIFFS OFFICE	ORI #: NC0430000	Date/Time On Scene: 04/26/2019	CASE #: 19000728
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MR. MURCHISON WILL BE REMOVED FROM NCIC

REPORTING OFFICER _____ ID _____

APPROVING SUPERVISOR _____ ID _____

