



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

NEWS RELEASE

August 14, 2019

ARREST REPORT

| | | | | | | | | | | | |
|-----------------------------|---|--|---|--|--|---------------------------------|--|---|--------------------------|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 08/13/2019 Hrs: 10:06 | | OCA 19004779 | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1638NBB | Arrest Tract 1183 | Residence Tract 1183 | Arrest Number | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) LEFFLER DEVAN | | DOB Mo Date Year | Age 30 | Race W | Sex M | Place of Birth IL | Country of Citizenship US | | | |
| | Current Address 91 TRAILRIDGE LANE ERWIN NC 28339- | | | Occupation ALL OTHER | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | | | | | |
| | Employer's Name | | Address | | | | | | | | |
| ARRESTEE INFORMATION | Also Known As (Alias Names) | | Hgt 510 | Wgt 260 | Hair BLONDE | Eye BLUE | Skin Tone LIGHT | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos | | Social Security # | | State NC | Misc. # and Type | | | | | |
| | Nearest Relative Name | | | | | | | | | | |
| 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 175 BAIN ST LILLINGTON | | | | | | |
| | Charge # 1 INSURANCE FRAUD | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1190 | Offense Jurisdiction (If not arresting Agency) | | Statute# 58-2-161 | Warr Date Mo Date Year 08/12/2019 | | | |
| | 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 08/13/2019 Hrs: 09:50 | | Place Confined HARNETT COUNTY DETENTION CENTER | | | Committing Magistrate 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 08/14/2019 | Court of HARNETT | | 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: MAYO W | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | | Address: NC DEPARTMENT OF INSURANCE CRIMINAL INVESTIGATIONS | | | Phone: 919-807-6840 | |
| | NARRATIVE ON 08/13/2019 I, DEPUTY C A MARCO, WHILE ON DUTY IN THE DETENTION CENTER WAS DISPATCHED TO A SUBJECT TURNING THEMSELVES IN FOR A WARRANT. DEVAN LEFFLER TURNED HIMSELF IN FOR A FELONY WARRANT AND WAS BROUGHT BEFORE THE MAGISTRATE WITHOUT INCIDENT. | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # MARCO CHRISTOPHER CAMA | | Date/Time Submitted Mo Date Year 08/13/2019 Hrs: 10:30 | | 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:
08/13/2019

CASE #:
19004779

THE MAGISTRATE SET A SECURED BOND OF \$10,000.00 AND A COURT DATE OF 08/14/2019.

CLEAR NCIC

NOTHING FURTHER AT THIS TIME

REPORTING OFFICER

ID

APPROVING SUPERVISOR

ID

ARREST REPORT

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|-----------------------------|---|--|---|--|--|--------------------------------|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 08/13/2019 Hrs: 11:22 | | OCA 19004780 | | | | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) 1641NBB | Arrest Tract 1183 | Residence Tract 1169 | | Arrest Number 1 | | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) MASON CHRISTOPHER MICHAEL | | | D.O.B. Mo Date Year | Age 42 | Race W | Sex M | Place of Birth NC | Country of Citizenship US | | | | |
| | Current Address 1391 LOOP RD BUNNLEVEL NC 28323- | | | 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 600 | Wgt 190 | Hair BROWN | 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 | | | | | | |
| | NI | | | Phone | | | | | | | | | |
| ARREST INFO | If Armed, Type of Weapon 97 | | <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 41 RANDALL LN LILLINGTON | | | | | | | | |
| | Charge # 1 BREAKING/ENTERING AND LARCENY | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0510 | Offense Jurisdiction (If not arresting Agency) | | Statute# 14-54 | Warr Date Mo Date Year 08/13/2019 | | | | | |
| | Charge # 2 MISDEMEANOR LARCENY | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (If not arresting agency) | | Statute# 14-72(A) | Warr Date Mo Date Year 08/03/2019 | | | | | |
| | 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 2014 | Make FORD | Model FOCUS | Style 4H | Color SILVER | 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 checked="" type="checkbox"/> Impounded <input checked="" type="checkbox"/> Place of storage SHERILL'S TOWING _____ Inventory on File? <input type="checkbox"/> | | | | | | | | | | | | |
| CONFINED BOND INFO | Date/Time Confined 08/13/2019 Hrs: 15:55 | | Place Confined HCSO | | | Committing Magistrate HOYLE | | | | | | | |
| | 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 \$20,000.00 | Trial Date 08/14/2019 | 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 (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"/> |
| COMPLAINANT | Name: COLEMAN A. | | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address: 175 BAIN ST LILLINGTON NC 27546- | | | Phone: 910-893-9111 | | | |
| | NARRATIVE ON TUESDAY, AUGUST 13, 2019, I, DEPUTY A. COLEMAN, RESPONDED TO A BREAKING, ENTERING, AND LARCENY. MR. MASON WAS TAKEN INTO CUSTODY AND TRANSPORTED TO THE MAGISTRATES OFFICE. MR. MASON WENT BEFORE MAGISTRATE HOYLE. MR. MASON WAS CHARGED WITH ONE FELONY COUNT OF BREAKING AND ENTERING, ONE COUNT OF FELONY LARCENY, AND ONE COUNT OF MISDEMEANOR LARCENY. MAGISTRATE HOYLE ISSUED A \$20,000 SECURED BOND AND GIVEN A COURT DATE OF WEDNESDAY, AUGUST 14, 2019, AT 0900 HOURS IN LILLINGTON, NC DISTRICT COURT. | | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # COLEMAN AUSTIN KELLY AKC | | | Date/Time Submitted Mo Date Year 08/13/2019 Hrs: 16:00 | | Supervisor Signature | | | | | | | |
| | Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed | | Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest/No Supplement Needed <input type="checkbox"/> Arrest/No Investigation | | | Arrestee Signature | | | | | | | |

ARREST REPORT

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|-----------------------------|--|--|---|---|--|-------------------------------------|--|--|---|---|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 08/13/2019 Hrs: 16:25 | | OCA 19004788 | | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) | Arrest Tract 1183 | Residence Tract 1183 | | Arrest Number 1 | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) JOHNSON MCQUINN ANTONIO | | | D.O.B. Mo Date Year | Age 35 | Race I | Sex M | Place of Birth NC | Country of Citizenship US | | | |
| | Current Address 301 SAINT ST DUNN NC 28334- | | | | 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 601 | Wgt 200 | Hair BLACK | Eye BROWN | Skin Tone MEDIUM | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | |
| | Scars, Marks, Tattoos | | | | | | State NC | Misc. # and Type Driver's CLASS C License | | | | |
| | Nearest Relative Name UNKNOWN | | | Address UNKNOWN ADDRESS | | | | Phone | | | | |
| ARREST INFO | If Armed, Type of Weapon 97 | | <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 175 BAIN ST LILLINGTON | | | | | | | |
| | Charge # 1 IDENTITY THEFT | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1150 | Offense Jurisdiction (if not arresting Agency) BENSON JOHNSTON COUNTY | | | Statute# 14-113.20 | Warr Date Mo Date Year 08/13/2019 | | | |
| | Charge # 2 OBTAIN PROPERTY FALSE PRETENSE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1120 | Offense Jurisdiction (if not arresting agency) BENSON JOHNSTON COUNTY | | | Statute# 14-100 | Warr Date Mo Date Year 08/13/2019 | | | |
| | 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 08/12/0190 Hrs: 17:26 | | Place Confined HARNETT COUNTY JAIL | | | Committing Magistrate D.L MCLEAN | | | | | | |
| | 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 08/16/2019 | Court of DISTRICT | | City BENSON | | | | |
| | Assisting Officer Name/ID Number ALLEN MARCUS JORDAN MJA | | | 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: LUCAS D L JR | | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address: 303 E CHURCH ST BENSON NC 28334- | | | Phone: 910-894-2091 | | |
| | NARRATIVE I RESPONDED TO 175 BAIN ST IN REFERENCE TO SERVING A WARRANT. THE SUBJECT MCQUINN JOHNSON WAS AT THE HARNETT COUNTY JAIL. I LATER CONFIRMED THE WARRANT FOR JOHNSON WHICH HE WAS LATER PROCESSED ON THIS WARRANT. | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # ODOM STORM TRISTIAN STO | | | Date/Time Submitted Mo Date Year 08/13/2019 Hrs: 17:16 | | | 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 | | | | | |