



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

NEWS RELEASE

August 28, 2019

ARREST REPORT

| | | | | | | |
|--------------------|---|---|------------------|--|--|-------------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 08/27/2019 Hrs: 12:57 | | OCA 19002139 |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1798NBL | Arrest Tract | Residence Tract 1120 | | Arrest Number 201908270000 |

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|-----------------------------|---|--|---------------------|-----------|-----------------------|--|------------------------------------|------------------------------|--------------------|
| ARRESTEE INFORMATION | Name (Last, First, Middle) LILLY TRACY BERNARD | | DOB Mo Date Year | Age 52 | Race B | Sex | Place of Birth CUMBERLAND NC | Country of Citizenship US | |
| | Current Address 319 GLENOLA ST. FAYETTEVILLE NC 28302- | | | | Occupation LABORER | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | Employer's Name | |
| | Also Known As (Alias Names) | | | | Hgt 509 | Wgt 225 | Hair BLACK | Eye BROWN | Skin Tone MDARK |
| | Scars, Marks, Tattoos TAT TATTOOS TAT LF ARM AUDREY 16 | | | | Social Security # | State NC | Misc. # and Type | | |

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|--------------------|---|--|---|--|--|--|-------------------------|---|
| ARREST INFO | If Armed, Type of Weapon 40 | | <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 HWY 210 HARNETT / CUMBERLAND LINE SPRING LAKE | | |
| | Charge # 1 BURGLARY-FORCIBLE ENTRY | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0510 | Offense Jurisdiction (If not arresting Agency) | | Statute# 14-54(B) | Warr Date Mo Date Year 08/01/2019 |
| | Charge # 2 ALL OTHER LARCENY | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (If not arresting agency) | | Statute# 14-72(B)(2) | Warr Date Mo Date Year 08/01/2019 |
| | Charge # 3 POSSESSING/CONCEALING STOLEN PROPERTY | <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 08/01/2019 |

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|-------------------|---|------|-------|-------|-------|---------|-----|
| 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"/> | | | | | | |

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|---------------------------|---|--------------------------------|--------------------------------------|----------------------|----------------------------|
| CONFINED BOND INFO | Date/Time Confined 08/27/2019 Hrs: 14:28 | Place Confined 175 BAIN ST. | Committing Magistrate D. WILLIAMS | | |
| | 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 \$15,000.00 | Trial Date 08/28/2019 | Court of SUPERIOR | City LILLINGTON |
| | Assisting Officer Name/ID Number | | Released By Name/Dept/ID | | Date/Time Released Hrs: |

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|------------------------|---|--------|----------|--------------|----------------|--|--|-----|------|------|-----------|-----------|
| 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 |

| | | | | | |
|--------------------|---------------------|--|---|--|------------------------|
| COMPLAINANT | Name: TEASLEY JSHUA | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | Address: 175 BAIN ST. LILLINGTON 27546- | Phone: 910-893-9111 |
|--------------------|---------------------|--|---|--|------------------------|

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| NARRATIVE | THE SUBJECT WAS ARRESTED FOR FELONY CHARGES LISTED ABOVE, NEGATIVE NCIC, NCAWARE. THE COURT DATE IS 8/28/2019 IN LILLINGTON SUPERIOR COURT. |
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| STATUS | Arresting Officer Signature/ID # HALLMAN BOBBY DEAN BDH | Date/Time Submitted Mo Date Year 08/27/2019 Hrs: 14:12 | 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 08/27/2019 Hrs: 09:19 | | OCA 19002969 | | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1794NBH | Arrest Tract 1183 | Residence Tract 1191 | | Arrest Number 1 | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) LYLES TRAVIS MARK | | D.O.B. 10/27/1988 Mo Date Year | Age 30 | Race B | Sex M | | | | | | |
| | Current Address 547 MCKOY TOWN RD CAMERON NC 28326- | | 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 509 | Wgt 180 | Hair BLACK | Eye BROWN | Skin Tone DARK | | | | | |
| | Scars, Marks, Tattoos | | Social Security # 240-61-2499 | OLN 22079507 | State NC | Misc. # and Type | | | | | | |
| Nearest Relative Name MARCUS LYLES | | Address 547 MCKOY TOWN RD CAMERON NC 28326- | | | Phone 919-498-4008 | | | | | | | |
| 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 ALL OTHER LARCENY | <input checked="" 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 06/10/2019 | | | | | |
| | Charge # 2 POSSESSING/CONCEALING STOLEN PROPERTY | <input checked="" type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 1 | DCI Code 1330 | Offense Jurisdiction (If not arresting agency) | | Statute# 14-71.1 Warr Date Mo Date Year 06/10/2019 | | | | | |
| | 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 08/27/2019 Hrs: 10:15 | | Place Confined HARNETT COUNTY JAIL | | | Committing Magistrate C SMITH | | | | | | |
| | 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 \$1,500.00 | Trial Date 09/19/2019 | 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"/> |
| COM-PLAINANT | Name: TEASLEY J | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | Address: 175 BAIN ST LILLINGTON NC 27546- | | | | Phone: | | | |
| | <p>NARRATIVE</p> <p>ON DATE AND TIME NOTED, DEFENDANT WAS SERVED WITH AN OUTSTANDING HARNETT COUNTY WARRANT FOR ARREST FOR LARCENY AND POSSESSION OF STOLEN GOODS. HE WAS SERVED, FINGERPRINTED AND APPEARED BEFORE MAGISTRATE. HE WAS GIVEN COURT DATE AND BOND INFORMATION AND TRANSFERRED TO JAIL STAFF FOR PROCESSING.</p> <p>HARNETT COUNTY</p> | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # SWAGGER JOSEPH LEE JLS | | Date/Time Submitted Mo Date Year 08/27/2019 Hrs: 11:00 | | 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 | | | | | |

ADDITIONAL NARRATIVE

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|---|---------------------|-----------------------------------|---------------------|
| AGENCY: HARNETT COUNTY SHERIFFS OFFICE | ORI #: NC0430000 | Date/Time On Scene: 08/27/2019 | CASE #: 19002969 |
|---|---------------------|-----------------------------------|---------------------|

19CR052091

NOTHING FURTHER
J.L. SWAGGER / L25

REPORTING OFFICER

ID

APPROVING SUPERVISOR

ID