



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

NEWS RELEASE

August 6, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 08/05/2019 Hrs: 21:25		OCA 19004622					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1563NBM	Arrest Tract 1116	Residence Tract 1117	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) NETTLETON RYAN MICHAEL		Age 24	Race W	Sex M	Place of Birth NY	Country of Citizenship US				
	Current Address 321 GILBERT LETT DR BROADWAY NC 27505		Occupation CLS C ACTIVE / NEG NCIC / 2	<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 158	Hair BROWN	Eye GREEN	Skin Tone FAIR	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						
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 15 LOFTY NEST RDG BROADWAY			
	Charge # 1 OBTAIN PROPERTY FALSE PRETENSE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1120	Offense Jurisdiction (If not arresting Agency) LEE COUNTY		Statute# 14-100	Warr Date Mo Date Year 08/05/2019			
	Charge # 2 POSSESSION OF STOLEN GOODS	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency) LEE COUNTY		Statute# 14-71.1	Warr Date Mo Date Year 08/05/2019			
	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"/> 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 08/05/2019 Hrs: 22:38		Place Confined HARNETT COUNTY DETENTION CENTER			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 \$7,000.00	Trial Date 08/08/2019	Court of LEE COUNTY		City SANFORD					
	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: M.J. NELSON		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 119 S. MAIN ST BROADWAY NC 27505-			Phone: 919-258-9232			
	NARRATIVE ON 05 AUG 2019, I (DEPUTY G.J. LEWIS) ARRESTED RYAN NETTLETON FOR OUTSTANDING WARRANTS FOR OBTAINING PROPERTY UNDER FALSE PRETENSE (19CR051306) AND POSSESSION OF STOLEN GOODS/PROPERTY (19CR051305)										
STATUS	Arresting Officer Signature/ID # LEWIS GRAHAM JACOB GJL		Date/Time Submitted Mo Date Year 08/05/2019 Hrs: 22:43		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 08/04/2019 Hrs: 18:22		OCA 19004412						
	Taken Prints <input type="checkbox"/> Photos <input type="checkbox"/>	Fingerprint Card Check Digit # (CKN) NO CHECK DIGIT	Arrest Tract 1100	Residence Tract 1100		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) JOHNSON KEVIN DANIEL		D.O.B. Mo Date Year	Age 28	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 197 BOONE LANE SPRING HOPE NC 27882-		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 510	Wgt 150	Hair BLACK	Eye GREEN	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 Driver's License							
	Nearest Relative Name		Address				Phone					
ARREST INFO	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 330 SOUTH SALISBURY STREET RALEIGH							
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant							
	Charge # 1 BREAK OR ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-56	Warr Date Mo Date Year 07/31/2019				
	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 07/31/2019				
Charge # 3 POSSESSION OF STOLEN GOODS	<input 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 07/31/2019					
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 08/04/2019 Hrs: 18:22		Place Confined WAKE COUNTY DETENTION CENTER			Committing Magistrate B. SQUIRES						
	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 08/05/2019	Court of DISTRICT		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)											
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: REAGAN J E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE AUGUST 5, 2019 (MONDAY) ON 08/04/2019 KEVIN DANIEL JOHNSON WAS TAKEN INTO CUSTODY BY THE WAKE COUNTY SHERIFF'S OFFICE FOR OUTSTANDING WARRANTS FROM HARNETT COUNTY. THESE CHARGES STEM FROM OCA 19004412. HE WAS GIVEN A SECURED BOND OF \$15,000.00 AND A COURT DATE OF 08/05/2019.											
STATUS	Arresting Officer Signature/ID # REAGAN JAMES EDWARD JER		Date/Time Submitted Mo Date Year 08/05/2019 Hrs: 09:30		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						

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ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 08/05/2019 Hrs: 17:05		OCA 19004264				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1562NBQ	Arrest Tract 1183	Residence Tract 1111		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) FREDERICK ANDRAE LAVARES		Age 18	Race B	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 18301 NC 27 WEST CAMERON NC 28326-		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 63	Wgt 148	Hair BLACK	Eye OTHER	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 NECK OTF ONLY THE FAMILY 10 TAT TATTOOS TAT BE ARM FOREARM RIGHT 40 TAT TATTOOS TAT R UMB ILIC		Social Security #	State NC	Misc. # and Type					
Nearest Relative Name		Address UNKNOWN								
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 175 BAIN ST. LILLINGTON					
	Charge # 1 ROBBERY WITH DANGEROUS WEAPON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0300	Offense Jurisdiction (If not arresting Agency)		Statute# 14-87 Warr Date Mo Date Year 07/23/2019			
	Charge # 2 CONSP ROBBERY DANGEROUS WEAPON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0300	Offense Jurisdiction (If not arresting agency)		Statute# 14-87 Warr Date Mo Date Year 07/23/2019			
	Charge # 3 SECOND DEGREE KIDNAPPING	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2620	Offense Jurisdiction (If not arresting agency)		Statute# 14-39 Warr Date Mo Date Year 07/23/2019			
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 08/05/2019 Hrs: 17:25		Place Confined HARNETT DETENTION		Committing Magistrate D. 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 \$100,000.00		Trial Date 08/06/2019	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: HILDRETH D J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST. LILLINGTON NC 27546-		Phone: 910-893-9111			
	NARRATIVE AUG. 5TH, 2019 ANDREA LAVARES FREDERICK WAS TAKEN INTO CUSTODY FOR THE CHARGES OF ROBBERY WITH A DANGEROUS WEAPON, CONSPIRACY ROBBERY WITH DANGEROUS WEAPON, SECOND DEGREE KIDNAPPING, AND FELONY CONSPIRACY. MR. FREDERICK WAS ISSUED A MR. FREDRICK WILL BE REMOVED FROM NCIC									
STATUS	Arresting Officer Signature/ID # BEASLEY RONALD HANS RHB		Date/Time Submitted Mo Date Year 08/05/2019 Hrs: 17:45		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					

*** CLEAR NCIC *
ARREST REPORT**

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 07/15/2019 Hrs: 10:41		OCA 19004103					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) MR1928N	Arrest Tract 10	Residence Tract 10	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) MILLER AMANDA BAKER		DOB Mo Date Year	Age 34	Race W	Sex F	Place of Birth SANFORD	Country of Citizenship US			
	Current Address 4105 RIVER RUN DR SANFORD NC 27332-			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) MANDI		Hgt 506	Wgt 130	Hair BROWN	Eye BLUE	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos		State NC			Misc. # and Type CLASS C Driver's License					
	Nearest Relative Name		Address			Phone					
ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest UNKNOWN SANFORD						
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant						
	Charge # 1 LARCENY FROM A MERCHANT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72.11(3)	Warr Date Mo Date Year 07/13/2019			
	Charge # 2 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 07/13/2019			
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"/> 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 07/15/2019 Hrs: 10:41		Place Confined LEE COUNTY DET CENTER			Committing Magistrate R JOHNSON					
	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 \$2,500.00		Trial Date 07/17/2019	Court of 9999		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)										
	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each				
DRUGS AT ARREST						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"/>
COMPLAINANT	Name: JB TEASLEY		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address:		Phone:			
	NARRATIVE BUSINESS 87 CORRIDOR***USE TO CLEAR NCIC MS MILLER WAS SERVED HARNETT COUNTY WFA IN SANFORD, NC BY SANFORD PD. SHE WAS GIVEN A \$2500.00 SECURE BOND.										
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 08/05/2019 Hrs: 15:25		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 07/19/2019 Hrs: 07:41		OCA 18003288						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 8771PMS		Arrest Tract 10	Residence Tract 1106		Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) RICHARDSON GENEVA VICTORIA			D.O.B. Mo Date Year	Age 21	Race B	Sex F	Place of Birth UNK	Country of Citizenship US			
	Current Address 35 HAWK RIDGE SPRING LAKE NC 28390-				Occupation STUDENT		<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 501	Wgt 180	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			Social Security #		State NC		Misc. # and Type				
	Nearest Relative Name							Phone				
ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons		Place of Arrest						
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation		<input type="checkbox"/> Warrant						
	Charge # 1 LARCENY BY EMPLOYEE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 7	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-74	Warr Date Mo Date Year 07/19/2019				
	Charge # 2 OBTAINING MONEY/PROPERTY BY FALSE PRETENSE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 7	DCI Code 1120	Offense Jurisdiction (If not arresting agency)		Statute# 14-100	Warr Date Mo Date Year 07/19/2019				
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 Hrs:		Place Confined			Committing Magistrate JACKIE RAY PAUL						
	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 \$1,000.00		Trial Date 07/23/2019	Court of 9999		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: JB TEASLEY			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-0155		
	NARRATIVE MS RICHARDSON WAS SERVED HARNETT COUNTY WARRANTS IN CUMBERLAND COUNTY AND GIVEN A \$1000.00 UNSECURE BOND.											
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 08/05/2019 Hrs:15:00			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					