



NEWS RELEASE

HARNETT COUNTY SHERIFF'S OFFICE

BY

SHERIFF WAYNE COATS

Friday

February 14, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/13/2020 Hrs:		OCA 20001000							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3473NBW	Arrest Tract 1180	Residence Tract 1180	Arrest Number								
ARRESTEE INFORMATION	Name (Last, First, Middle) ESCANDON EMANUEL PEDRO		DOB Mo Date Year	Age 24	Race W	Sex M	Place of Birth GA	Country of Citizenship US					
	Current Address 66 LEGACY LN. LILLINGTON NC 27546-		Phone 2	Occupation LABORER		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident							
	Employer's Name CURRENT TECHNOLOGIES		Address RALEIGH		Phone								
	Also Known As(Alias Names)		Hgt 59	Wgt 190	Hair	Eye BROWN	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
	Scars, Marks, Tattoos		Social Security #		OLN	State NC	Misc. # and Type						
	Nearest Relative Name PEDRO ESCANDON		Address 66 LEGACY LN. LILLINGTON NC 27546-				Phone						
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 66 LEGACY LN. LILLINGTON								
	Charge # 1 ROBBERY WITH DANGEROUS WEAPON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 120	Offense Jurisdiction (If not arresting Agency)		Statute# 14-87	Warr Date Mo Date Year 01/16/2020					
	Charge # 2 TRAFFICKING, OPIUM OR HEROIN	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 35A	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(H)(4)	Warr Date Mo Date Year 01/16/2020					
	Charge # 3 CONSP ROBBERY DANGEROUS WEAPON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 120	Offense Jurisdiction (If not arresting agency)		Statute# 14-87	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 02/13/2020 Hrs:		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 \$150,000.00		Trial Date 02/14/2020	Court of DISTRICT		City FAYETTEVILLE					
	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: VERNON RICHARD		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 467 HAY ST. FAYETTEVILLE NC 28301-			Phone: 910-433-1856					
	NARRATIVE FEB. 13TH, 2020 EMANUEL PEDRO ESCANDON OF 66 LEGACY LN. LILLINGTON NC 27546 WAS TAKEN INTO CUSTODY FOR OUTSTANDING WARRANTS OUT OF FAYETTEVILLE NC FOR ROBBERY WITH DANGEROUS WEAPON, TRAFFICKING, OPIUM OR HEROIN X2, CONSP ROBBERY DANGERS WEAPON, AND POSS STOLEN GOODS/PROP. MR. ESCANDON WAS ISSUED A \$150,000 SECURED BOND AND PLACED IN THE HARNETT COUNTY												
STATUS	Arresting Officer Signature/ID # BEASLEY RONALD HANS RHB		Date/Time Submitted Mo Date Year 02/13/2020 Hrs:		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: 02/13/2020	CASE #: 20001000
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DETENTION CENTER.

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 02/13/2020 Hrs: 16:49		OCA 20000999					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3472NBD		Arrest Tract 1180		Residence Tract 1180		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) KITCHEN LIZAN TIANA			D.O.B. Mo Date Year		Age 21	Race U	Sex F	Place of Birth NEW MEXICO	Country of Citizenship US		
	Current Address HOMELESS			Phone		Occupation			<input type="checkbox"/> Resident <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident		
	Employer's Name			Address					Phone			
	Also Known As (Alias Names)				Hgt 502	Wgt 120	Hair BLACK	Eye BROWN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		
	Scars, Marks, Tattoos TAT TATTOOS TAT BACK PHILIPINO FLAG 45			Social Security #		OLN		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		<input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 66 LEGACY LN SANFORD					
	Charge # 1 ROBBERY WITH DANGEROUS WEAPON		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 120	Offense Jurisdiction (If not arresting Agency) FAYETTEVILLE		Statute# 14-87	Warr Date Mo Date Year 01/16/2020			
	Charge # 2 TRAFFICKING, OPIUM OR HEROIN		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 35A	Offense Jurisdiction (If not arresting agency) FAYETTEVILLE		Statute# 90-95(H)(4)	Warr Date Mo Date Year 01/16/2020			
	Charge # 3 CONSP ROBBERY DANGEROUS WEAPON		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 120	Offense Jurisdiction (If not arresting agency) FAYETTEVILLE		Statute# 14-87	Warr Date Mo Date Year 01/16/2020			
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"/> 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 02/13/2020 Hrs: 17:45		Place Confined HARNETT COUNTY DETENTION CENTER				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 \$150,000.00		Trial Date 02/17/2020	Court of DISTRICT		City FAYETTEVILLE				
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"/>
COMPLAINANT	Name: VERNON RICHARD			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 467 HAYS STREET FAYETTEVILLE NC 28301-			Phone: 910-303-7415	
	NARRATIVE LIZAN TIANA KITCHEN ARRESTED AT 66 LEGACY LANE AND TRANSPORTED TO THE HARNETT COUNTY DETENTION CENTER WHERE SHE WAS PROCESSED AN TAKEN BEFORE MAGISTRATE D. MCLEAN AND GIVEN \$150,000.00 SECURED BOND.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI			Date/Time Submitted Mo Date Year 02/13/2020 Hrs: 18:00		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: 20000999	
Charge POSSESSION OF STOLEN GOODS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI 280	Offense Jurisdiction (If not reporting agency) FAYETTEVILLE	Statute # 14-71.1	Warr Date Mo Date Year 01/16/2020
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
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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/13/2020 Hrs: 13:29		OCA 20000232
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 5701KHH	Arrest Tract 10	Residence Tract 1107		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) BOONE DOMINQUE NICOLE		DOR Mo Date Year	Age 28	Race B	Sex F	Place of Birth RALEIGH	Country of Citizenship US		
	Current Address 213 CASTLE WOOD SANFORD NC 27332-			Phone	Occupation UNEMPLOYED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident			
	Employer's Name NONE			Address			Phone			
	Also Known As(Alias Names)				Hgt 509	Wgt 185	Hair BLACK	Eye BROWN	Skin Tone DBR	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			

ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 100 GRAND HILL PLACE HOLLY SPRINGS NC				
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input type="checkbox"/> Warrant				
	Charge # 1 BURGLARY/BREAKING AND ENTERING	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(B)	Warr Date Mo Date Year 02/10/2020	
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)	Warr Date Mo Date Year 02/10/2020	

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 02/13/2020 Hrs:15:36		Place Confined WAKE COUNTY DETENTION CENTER			Committing Magistrate POWE		
	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 \$50,000.00		Trial Date 02/14/2020	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)							
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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: JB TEASLEY		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-0155
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NARRATIVE	*****NC 87 BUSINESS CORRIDOR*****USE TO CLEAR NCIC***** MS BOONE WAS ARRESTED FOR AN UNRELATED LARCENY CASE AND THEN SERVED THESE OUTSTANDING HCSO WARRANTS: BOND: \$50,000/SECURE FOR THREE SETS OF B/E CHARGES						
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STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT		Date/Time Submitted Mo Date Year 02/13/2020 Hrs:15:45	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	

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/13/2020 Hrs: 13:29		OCA 19007209	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 5701KHH		Arrest Tract 10	Residence Tract 1107	Arrest Number	
ARRESTEE INFORMATION	Name (Last, First, Middle) BOONE DOMINQUE NICOLE			D.O.B. Mo Date Year	Age 28	Race B	Sex F
	Current Address 213 CASTLE WOOD SANFORD NC 27332-			Phone	Occupation UNEMPLOYED	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name NONE			Address		Phone	
	Also Known As (Alias Names)			Hgt 509	Wgt 185	Hair BLACK	Eye BROWN
	Scars, Marks, Tattoos			Social Security # 2	State NC	Skin Tone DBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	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 type="checkbox"/> Warrant	Place of Arrest 100 GRAND HILL PLACE HOLLY SPRINGS NC		
	Charge # 1 BURGLARY/BREAKING AND ENTERING	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(B)
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)
	Charge # 3 POSSESSION OF STOLEN GOODS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1
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 02/13/2020 Hrs: 15:36		Place Confined WAKE COUNTY DETENTION CENTER			Committing Magistrate THIGPEN	
	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 \$50,000.00	Trial Date 02/14/2020	Court of 9999	City LILLINGTON	
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:
STATUS	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	
COM-PLAINANT	Name: JB TEASLEY			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-
							Phone: 910-893-0155
NARRATIVE	*****NC 87 BUSINESS CORRIDOR*****USE TO CLEAR NCIC***** MS BOONE WAS ARRESTED FOR AN UNRELATED LARCENY CASE AND THEN SERVED THESE OUTSTANDING HCSO WARRANTS. BOND, \$50,000/SECURE FOR THREE SETS OF B/E CHARGES						
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 02/13/2020 Hrs: 15:45		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	

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/13/2020 Hrs: 13:29		OCA 19006233						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 5701KHH	Arrest Tract 10	Residence Tract 1107		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) BOONE DOMINQUE NICOLE		D O B Mo Date Year	Age 28	Race B	Sex F	Place of Birth RALEIGH	Country of Citizenship US				
	Current Address 213 CASTLE WOOD SANFORD NC 27332-		Phone		Occupation UNEMPLOYED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident				
	Employer's Name NONE		Address		Phone							
	Also Known As (Alias Names)			Hgt 509	Wgt 185	Hair BLACK	Eye BROWN	Skin Tone DBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos		Social Security # 32		OLN ?	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"/> Criminal Summons	Place of Arrest 100 GRAND HILL PLACE HOLLY SPRINGS NC							
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input type="checkbox"/> Warrant							
	Charge # 1 BURGLARY/BREAKING AND ENTERING	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(B)	Warr Date Mo Date Year 02/10/2020				
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute#(2) 14-72(B)(2)	Warr Date Mo Date Year 02/10/2020				
Charge # 3 POSSESSION OF STOLEN GOODS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 02/10/2020					
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"/> 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 02/13/2020 Hrs: 15:36		Place Confined WAKE COUNTY DETENTION CENTER			Committing Magistrate THIGPEN						
	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 \$50,000.00		Trial Date 02/14/2020	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)											
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: JB TEASLEY		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-0155				
	*****NC 87 BUSINESS CORRIDOR*****USE TO CLEAR NCIC***** MS BOONE WAS ARRESTED FOR AN UNRELATED LARCENY CASE AND THEN SERVED THESE OUTSTANDING HCSO WARRANTS: BOND: \$50,000/SECURE FOR THREE SETS OF B/E CHARGES.											
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 02/13/2020 Hrs: 15:45		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						

