



NEWS RELEASE

HARNETT COUNTY SHERIFF'S OFFICE

BY

SHERIFF WAYNE COATS

Monday

January 20, 2020

ARREST REPORT

cleared

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/17/2020 Hrs: 12:52		OCA 20000342
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3193NBH	Arrest Tract 1120	Residence Tract 1120	Arrest Number 202001170007	

ARRESTEE INFORMATION	Name (Last, First, Middle) HUNTER DONALD LEE		D.O.B. Mo Date Year	Age 35	Race B	Sex M	Place of Birth NC	Country of Citizenship US
	Current Address 394 PALAMINO LANE SPRING LAKE NC 28390-		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 602	Wgt 165	Hair BLACK	Eye BROWN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk

ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View Order for Arrest	<input type="checkbox"/> Criminal Summons Citation	<input checked="" type="checkbox"/> Warrant	Place of Arrest 394 PALAMINO LANE SPRING LAKE		
	Charge # 1 FIRST DEGREE FORCIBLE RAPE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 0200	Offense Jurisdiction (If not arresting Agency)		Statute# 14-27.21	Warr Date Mo Date Year 01/17/2020
	Charge # 2 FIRST 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 01/17/2020
	Charge # 3 ASSAULT ON A FEMALE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0810	Offense Jurisdiction (If not arresting agency)		Statute# 14-33(C)(2)	Warr Date Mo Date Year 01/17/2020

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 01/17/2020 Hrs: 14:00	Place Confined HARNETT COUNTY DETENTION CENTER	Committing Magistrate C. SMITH		
	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 \$0.00	Trial Date 01/20/2020	Court of HARNETT COUNTY	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					
					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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN STREET LILLINGTON NC 27546-	Phone: 910-893-9111
	DETECTIVE B.M. BYRD		

NARRATIVE
 DEFENDANT WAS ARRESTED ON 01/17/2020 AT HIS RESIDENCE DUE TO HAVING OUTSTANDING WARRANTS FOR HIS ARREST REFERENCE CHARGES (2) COUNTS OF FIRST DEGREE FORCIBLE RAPE, FIRST DEGREE KIDNAPPING, DOMESTIC VIOLENCE PROTECTIVE ORDER VIOLATION AND ASSAULT ON A FEMALE. DUE TO THE DOMESTIC NATURE OF THE CRIMES THE DEFENDANT DID NOT RECIEVE A BOND AT TIME OF PROCESSING.
 20CR050219, 20CR050220, 20CR050221

STATUS	Arresting Officer Signature/ID # KLINGMAN MICHAEL MBK	Date/Time Submitted Mo Date Year 01/17/2020 Hrs: 14:00	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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/17/2020 Hrs: 22:20		OCA 20000342	
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3189NBK		Arrest Tract 1183	Residence Tract 1183	Arrest Number	

ARRESTEE INFORMATION	Name (Last, First, Middle) HUNTER DONALD LEE			D.O.B. Mo Date Year	Age 35	Race B	Sex M	Place of Birth NORTH CAROLINA	Country of Citizenship US
	Current Address 394 PALAMINO LANE SPRING LAKE NC 28390			Phone	Occupation UNEMPLOYED		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		
	Employer's Name			Address			Phone		
	Also Known As (Alias Names) ROOSTER COOT			Hgt 601	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MED	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	

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 POSSESSING/CONCEALING WEAPONS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1530	Offense Jurisdiction (If not arresting Agency)	Statute# 14-415.1	Warr Date Mo Date Year 01/17/2020
	Charge # 2 PWISD COCAINE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency)	Statute# 90-95(A)(1)	Warr Date Mo Date Year 01/17/2020
	Charge # 3 Equipment/paraphernalia - Possessing/concealing	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1834	Offense Jurisdiction (If not arresting agency)	Statute# 90-108(A)(7)	Warr Date Mo Date Year 01/17/2020

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 01/17/2020	Hrs: 22:55	Place Confined HCDC	Committing Magistrate SMITH
	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 \$90,000.00	Trial Date 01/21/2020
	Assisting Officer Name/ID Number		Released By Name/Dept/ID	

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLAINANT	Name: BM BYRD, DETECTIVE, HC SO		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>
	Address: 175 BAIN ST LILLINGTON NC 27546-		Phone:

NARRATIVE

MR HUNTER WAS SERVED THESE ADDITIONAL WARRANTS. BOND: \$90000 /SECURE

STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT		Date/Time Submitted Mo Date Year 01/17/2020	Hrs: 22:55	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 01/17/2020 Hrs: 17:09		OCA 20000374
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 3200NBM	Arrest Tract 1115	Residence Tract 1115	Arrest Number 1	

ARRESTEE INFORMATION	Name (Last, First, Middle) MILLER CHRISTOPHER MICHAEL		D.O.B. Mo Date Year	Age 47	Race W	Sex M	Place of Birth BRISTOL PENN.	Country of Citizenship U.S.A.	
	Current Address 46 CANDACE STREET SANFORD NC 27332-			Phone	Occupation ALL OTHER		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		
	Employer's Name I LOVE NEW YORK PIZZA			Address 21165 NC 24-27 WEST CAMERON NC 28390-			Phone		
	Also Known As(Alias Names)			Hgt 508	Wgt 165	Hair BROWN	Eye BROWN	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TAT SKULL TATTO TAT R ARM ARM, RIGHT			Social Security #	OLN	State NC	Misc. # and Type Driver's License		
	Nearest Relative Name MALLISA			Address 46 CANDACE STREET SANFORD NC 27332-			Phone		

ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 46 CANDACE ST SANFORD			
	Charge # 1 PAROLE & PROBATION VIOLATIONS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2660	Offense Jurisdiction (If not arresting Agency)		Statute# 15A-733	Warr Date Mo Date Year 01/18/2020
	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 01/18/2020 Hrs: 12:22		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate T.C.SMITH		
	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 01/21/2020	Court of DISTRICT		City LILLINGTON
	Assisting Officer Name/ID Number ODOM STORM TRISTIAN STO			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
---------------------	--

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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address:	Phone:
	STATE OF PENNSYLVANI			

NARRATIVE
 ON 01/17/2020 I DEPUTY DAS ARRIVED AT 46 CANDACE STREET IN REFERENCE TO A WARRANT FOR ARREST FOR CHRISTOPHER M MILLER. AFTER LOCATING CHRISTOPHER, I PLACED HIM UNDER ARREST. I PLACED THE HANDCUFFS BEHIND HIS PERSON AND DOUBLE LOCKED, I THEN PLACED CHRISTOPHER IN THE BACK RIGHT SEAT OF MY PATROL CAR. CHRISTOPHER WAS THEN TRANSPORTED TO THE HARNETT COUNTY DETENTION CENTER AND PROCESSED ACCORDINGLY. CHRISTOPHER WAS WANTED OUT OF PENNSYLVANIA FOR VIOLATING HIS PAROLE. CHRISTOPHER WAS GIVEN A SECURED BOND AT \$150,000

STATUS	Arresting Officer Signature/ID # DAS ISSAC DINESH IDD		Date/Time Submitted Mo Date Year 01/18/2020 Hrs: 01:58	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:
01/17/2020

CASE #:
20000374

US DOLLARS.

NO FURTHER.

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 01/17/2020 Hrs: 23:30		OCA 20000372						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3199NBG		Arrest Tract 1183		Residence Tract 1146		Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) GODWIN CALEB ALLEN			DOB Mo Date Year		Age 23	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address HOMELESS ERWIN NC 28339			Phone		Occupation LABORER		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident					
	Employer's Name UNEMPLOYED			Address			Phone						
	Also Known As(Alias Names)				Hgt 511	Wgt 165	Hair BROWN	Eye HAZEL	Skin Tone FAR	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 JIM GODWIN DAD			Address RED TIP RD DUNN NC 28334-			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 checked="" type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 175 BAIN ST LILLINGTON						
	Charge # 1 FINANCIAL CARD THEFT		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-113.9	Warr Date Mo Date Year 01/17/2020				
	Charge # 2 FINANCIAL CARD FRAUD		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1190	Offense Jurisdiction (If not arresting agency)		Statute# 14-113.13	Warr Date Mo Date Year 01/17/2020				
	Charge # 3 OBTAIN PROPERTY FALSE PRETENSE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1120	Offense Jurisdiction (If not arresting agency)		Statute# 14-100	Warr Date Mo Date Year 01/17/2200				
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 01/17/2020 Hrs:23:30		Place Confined HCDC			Committing Magistrate SMITH							
	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 \$90,000.00		Trial Date 01/21/2020		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"/>
COMPLAINANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: CLARK WILKES 100 WEST F ST ERWIN NC 29339-			Phone:						
	MR GODWIN WAS SERVED THESE WARRANTS OUT OF ERWIN PD. BOND: \$90,000.00												
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 01/17/2020 Hrs:23:45			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 01/17/2020 Hrs: 17:45		OCA 20000363
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3194NBD	Arrest Tract 1135	Residence Tract 1100	Arrest Number	

ARRESTEE INFORMATION	Name (Last, First, Middle) CHAMPION JACOB CALVIN		D.O.B. Mo Date Year	Age 31	Race W	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 9316 KENNEBEC RD WILLOW SPRINGS NC 27592-		Phone	Occupation UNEMPLOYED		<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 505	Wgt 145	Hair BLACK	Eye HAZEL	Skin Tone LIGHT	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 97		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons Citation <input type="checkbox"/> Warrant	Place of Arrest 733 RAWLS CHURCH RD ANGIER			
	Charge # 1 FAILURE TO APPEAR ON FELONY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (If not arresting Agency) WAKE		Statute# 15A-543(B)	Warr Date Mo Date Year 12/06/2019
	Charge # 2 FAILURE TO APPEAR ON MISDEMEANOR	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (If not arresting agency) WAKE		Statute# 15A-543(C)	Warr Date Mo Date Year 12/06/2019
	Charge # 3 FAILURE TO APPEAR ON MISDEMEANOR	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (If not arresting agency) WAKE		Statute# 15A-543(C)	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"/> 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 01/17/2020 Hrs: 19:05	Place Confined HCSO JAIL	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 \$8,000.00	Trial Date 02/07/2020	Court of DISTRICT		City LILLINGTON	
	Assisting Officer Name/ID Number BENNETT ALEXANDER RUTLEDGE ARB		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					
					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-PLAINANT	Name: WILLIAMS F BLAIR	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 300 S SALISBURY ST RALEIGH NC 27602-	Phone:
--------------	---------------------------	---	--	--------

NARRATIVE
SUBJECT WAS ARRESTED ON SCENE AND TRANSPORTED TO HCSO JAIL. PROCESS WAS SERVED. SUBJECT WAS PROCESSED AND RELEASED TO THE CUSTODY OF THE HCSO JAIL.

STATUS	Arresting Officer Signature/ID # GUINN JASON MATTHEW JMG	Date/Time Submitted Mo Date Year 01/17/2020 Hrs: 19:06	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

