



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

***NEWS RELEASE***

***January 24, 2019***

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/23/2019 Hrs: 16:08		OCA 19000386
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 9517NAN	Arrest Tract 1120	Residence Tract 1100		Arrest Number

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) ROTH JAMES CHRISTOPHER		Age 23	Race W	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 120 HUNTSVILLE CIR. FAYETTEVILLE NC 28306-		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) UNKNOWN		Hgt 506	Wgt 160	Hair BROWN	Eye BLUE	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 NCID		

<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest DOLPHIN LN. SPRING-LAKE		
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant		
	Charge # 1 FELONY LARCENY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0600	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72(B) Warr Date Mo Date Year 01/22/2019
	Charge # 2 POSSESSION OF STOLEN GOODS	<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 01/22/2019

<b>VEH. INFO.</b>	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"/>						

<b>CONFINED BOND INFO</b>	Date/Time Confined 01/23/2019 Hrs: 17:51		Place Confined HARNETT COUNTY JAIL		Committing Magistrate R. 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 \$30,000.00	Trial Date 01/24/2019	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)

<b>DRUGS AT ARREST</b>	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"/>

<b>COMPLAINANT</b>	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> DET. M.E. WEAVER JR.		Address: 175 BAIN ST. LILLINGTON NC 27546-			Phone: 910-893-9111
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**NARRATIVE**

ON 01-23-2019 AT APPROXIMATELY 16:08 HOURS, I, DETECTIVE M.E. WEAVER JR., ARRESTED THE DEFENDANT ON ACCOUNT OF THE FOLLOWING:

I F-FELONY LARCENY  
II F-POSS STOLEN PROPERTY

<b>STATUS</b>	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE		Date/Time Submitted Mo Date Year 01/23/2019 Hrs: 17:55		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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/23/2019 Hrs: 16:01		OCA 19000445						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 9515NAV	Arrest Tract 1183	Residence Tract 1100		Arrest Number						
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) GAYLOR KHRISTINA M			Age 28	Race W	Sex F	Place of Birth NC	Country of Citizenship US				
	Current Address 198 MALLARD RD SMITHFIELD NC 27577			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 506	Wgt 220	Hair BROWN	Eye BROWN	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			OLN		State	Misc. # and Type					
	Nearest Relative Name			Address			Phone					
<b>ARREST INFO</b>	If Armed, Type of Weapon 40		<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 FELONY CHILD ABUSE-SERIOUS INJURY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0410	Offense Jurisdiction (If not arresting Agency) SMITHFIELD PD/JOHNSTON CO		Statute# 14-318.4(A)	Warr Date Mo Date Year 01/23/2019				
	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				
<b>VEH. INFO.</b>	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"/>											
<b>CONFINED BOND INFO</b>	Date/Time Confined 01/23/2019 Hrs: 16:30		Place Confined HARNETT COUNTY JAIL			Committing Magistrate R 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 \$100,000.00		Trial Date 01/25/2019	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)											
<b>DRUGS AT ARREST</b>	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"/>
<b>COMPLAINANT</b>	Name: RD WOOD			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: SMITHFIELD NC			Phone:		
	<b>NARRATIVE</b> ON 01-23-2019, I ARRESTED KHRISTINA GAYLOR AT THE HARNETT COUNTY JAIL FOR THE ABOVE LISTED CHARGES. SAME WAS PROCESSED AND CLEARED NCAWARE.											
<b>STATUS</b>	Arresting Officer Signature/ID # BRITT MICHAEL RUDOLPH MRB			Date/Time Submitted Mo Date Year 01/23/2019 Hrs: 16:38			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					