



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

NEWS RELEASE

January 28, 2020

ARREST REPORT

| | | | | | | | | | | | |
|-----------------------------|---|--|---|---|---|---|--|---|------|------|-----------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 01/27/2020 Hrs: 11:50 | | OCA 20000559 | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 3299NBA | Arrest Tract 1183 | Residence Tract 1102 | | Arrest Number | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) BETHEA DEIRDRE JEANETTE | | DOB Mo Date Year | Age 30 | Race B | Sex F | Place of Birth NC | Country of Citizenship USA | | | |
| | Current Address 911 E HARNETT STREET DUNN NC 28334- | | | 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 507 | Wgt 194 | Hair BLACK | Eye BROWN | Skin Tone MDARK | Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos | | OLN | State | Misc. # and Type | | | | | | |
| Nearest Relative Name | | Address | | | Phone | | | | | | |
| ARREST INFO | If Armed, Type of Weapon | | <input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest | <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | Place of Arrest 175 BAIN STREET (HCSO JAIL) LILLINGTON | | | | | | |
| | Charge # 1 CONTEMPT OF COURT PERJURY COURT VIOLATIONS | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 002 | DCI Code 2640 | Offense Jurisdiction (If not arresting Agency) PITT COUNTY | | Statute# 15A-543(B) | Warr Date Mo Date Year 01/06/2020 | | | |
| | 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 01/27/2020 Hrs: 12:15 | | Place Confined HCSO JAIL | | 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 \$5,000.00 | | Trial Date 02/10/2020 | Court of PITT COUNTY | | City GREENVILLE | | | |
| | 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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | Address: | | | | Phone: | | | | |
| | DISTRICT COURT OF PITT COUNTY | | | | | | | | | | |
| NARRATIVE | DEF CAME TO HCSO TO SURRENDER ON OUTSTANDING ORDER FOR ARREST FOR FAILURE TO APPEAR OUT OF PITT COUNTY. DEF WAS ESCORTED TO HCSO JAIL BY LT WOOD. I TOOK CUSTODY OF SUBJECT, SERVED, AND PROCESSED DEFENDANT, AND PLACED INTO CUSTODY OF HCSO JAIL UNDER BOND \$5,000.00 SECURED BOND. | | | | | | | | | | |
| | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR | | Date/Time Submitted Mo Date Year 01/27/2020 Hrs: 12:15 | | 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 | | | | | | |

ARREST REPORT

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|--------------------|---|---|----------------------|--|--|-----------------|--|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 01/27/2020 Hrs: 13:40 | | OCA 20000570 | |
| | <input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) 3306NBF | Arrest Tract 1107 | Residence Tract 1100 | | Arrest Number | |

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|-----------------------------|--|--|-----------|--------------------------|-------------|--|------------------------------|--------------------|
| ARRESTEE INFORMATION | Name (Last, First, Middle) HILL IESHIA DENISE | | Age 35 | Race B | Sex F | Place of Birth BLADEN | Country of Citizenship US | |
| | Current Address 828 DURWOOD DRIVE FAYETTEVILLE NC | | | Occupation UNEMPLOYED | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | | |
| | Employer's Name UNEMPLOYED | | Address | | | | Phone | |
| | Also Known As(Alias Names) | | | Hgt 53 | Wgt 110 | Hair BLACK | Eye BROWN | Skin Tone MDARK |
| | Scars, Marks, Tattoos TATTOOS ON BOTH ARMS | | | Social Security # | State NC | Misc. # and Type | | |

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|--------------------|--|--|---|---|--|--|------------------------------|---|
| 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 type="checkbox"/> Warrant | Place of Arrest 175 BAIN STREET LILLINGTON | | | |
| | Charge # 1 TRAFFICKING IN METHAMPHETAMINE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1810 | Offense Jurisdiction (If not arresting Agency) | | Statute# 90-95(H) (3B) | Warr Date Mo Date Year 01/27/2020 |
| | Charge # 2 TRAFFICKING IN METHAMPHETAMINE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1810 | Offense Jurisdiction (If not arresting agency) | | Statute# 90-95(H) (3B) | Warr Date Mo Date Year 01/27/2020 |
| | Charge # 3 PWMSD METHAMPHETAMINE | <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 01/27/2020 |

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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 01/27/2020 Hrs:04:15 | Place Confined HCSO JAIL | Committing Magistrate DERON 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 01/28/2020 | 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)

| 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"/> |

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|--------------------|----------------------|---|---|------------------------|
| COMPLAINANT | Name: KNIGHT JOHN | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | Address: 175 BAIN STREET LILLINGTON NC | Phone: 910-893-9111 |
|--------------------|----------------------|---|---|------------------------|

NARRATIVE
 IESHIA HILL WAS ARRESTED ON 01-27-2020 FOR LISTED CHARGES. SHE WAS PLACED IN THE HARNETT COUNTY JAIL UNDER A \$150,000.00 DOLLAR BOUND.

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| STATUS | Arresting Officer Signature/ID # KNIGHT JOHN CUMMINGS JCK | Date/Time Submitted Mo Date Year 01/27/2020 Hrs:16:20 | 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 01/27/2020 Hrs: 15:43 | | OCA 20000571 | | | | | |
| | Taken <input checked="" type="checkbox"/> Fingerprint Card Check Digit # (CKN) 3305NBJ | | Arrest Tract 1183 | | Residence Tract 1156 | | Arrest Number | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) MCKOY RICKIE LEE | | | Age 34 | | Race B | Sex M | Place of Birth NC | Country of Citizenship USA | | | |
| | Current Address 707 W NORRINGTON STREET LILLINGTON NC 27546- | | | Phone | | Occupation | | <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 205 | Hair BLACK | Eye BROWN | Skin Tone MDARK | 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"/> Criminal Summons | Place of Arrest 175 BAIN STREET (HCSO JAIL) LILLINGTON | | | | | | | |
| | | | <input type="checkbox"/> Order for Arrest | <input type="checkbox"/> Citation | <input checked="" type="checkbox"/> Warrant | | | | | | | |
| | Charge # 1 ROBBERY | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 001 | DCI Code 0300 | Offense Jurisdiction (If not arresting Agency) COATS CITY | Statute# 14-87 | Warr Date Mo Date Year 01/24/2020 | | | | |
| | Charge # 2 KIDNAPPING | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 001 | DCI Code 2620 | Offense Jurisdiction (If not arresting agency) COATS CITY | Statute# 14-39 | Warr Date Mo Date Year 01/24/2020 | | | | |
| Charge # 3 Aggravated Assault | | <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd | Counts 001 | DCI Code 0410 | Offense Jurisdiction (If not arresting agency) | Statute# 14-33(C)(1) | Warr Date Mo Date Year 01/24/2020 | | | | | |
| 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 01/27/2020 Hrs: 16:00 | | Place Confined HCSO JAIL | | | Committing Magistrate 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 \$125,000.00 | | Trial Date 01/28/2020 | 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 | | | | |
| 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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address: | | | | Phone: | | | | |
| | MAYER OFFICER K E | | | | | | | | | | | |
| NARRATIVE | DEF WAS HANDED OFF FOR PROCESSING BY LILLINGTON POLICE DEPARTMENT TO HCSO. DEF WAS ARRESTED, SERVED, PROCESSED, AND PLACED INTO CUSTODY OF HCSO UNDER BOND LISTED ABOVE. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR | | | Date/Time Submitted Mo Date Year 01/27/2020 Hrs: 16:00 | | | 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 | | | | | |

ARREST REPORT

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|-----------------------------|---|--|---|---|--|--|----------------------------|--|---------------------|---|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 01/27/2020 Hrs: 16:16 | | OCA 20000585 | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 3310NBB | Arrest Tract 1122 | Residence Tract 1100 | Arrest Number | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) KING JORDAN ALLEN | | DOB Mo Date Year | Age 21 | Race W | Sex M | Place of Birth NC | Country of Citizenship US | | |
| | Current Address 2990 BAYWATER DR FAYETTEVILLE NC 28034- | | | | 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 511 | Wgt 200 | Hair BROWN | Eye BROWN | Skin Tone MLIGHT | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |
| | Scars, Marks, Tattoos | | | | Social Sec # | State NC | Misc. # and Type | | | |
| | Nearest Relative Name | | Address | | | | Phone | | | |
| 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 <input type="checkbox"/> Citation <input type="checkbox"/> Warrant | Place of Arrest 79 GRAPEFRUIT LN LILLINGTON | | | | | |
| | Charge # 1 FELONY PROBATION VIOLATION | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 2660 | Offense Jurisdiction (If not arresting Agency) | | Statute# 15A-1345 | Warr Date Mo Date Year 01/27/2020 | | |
| | 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 01/27/2020 Hrs: 19:10 | | Place Confined HARNETT COUNTY DETENTION CENTER | | | Committing Magistrate D.MCLEAN | | | | |
| | Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other | | Amt. Bond \$0.00 | Trial Date 02/25/2020 | 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 |
| COMPLAINANT | Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/> | | | | Address: | | | | Phone: | |
| | NARRATIVE ON 1/27/20 THE DEFENDANT WAS ARRESTED FOR AN ORDER FOR ARREST OUT OF HARNETT COUNTY. | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # LETARTE KEVIN JOSEPH KJL | | | Date/Time Submitted Mo Date Year 01/27/2020 Hrs: 19:30 | | 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 | | | | |