



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

NEWS RELEASE

January 6, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/05/2020 Hrs: 19:32		OCA 20000096						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3047NBW	Arrest Tract 1183	Residence Tract 1110		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) RICHMOND TIMOTHY TOREL		D.O.B. Mo Date Year	Age 47	Race B	Sex M	Place of Birth SANFORD NC	Country of Citizenship US				
	Current Address 114 FOX WOOD SOUTH SANFORD NC 27332-			Occupation LABORER	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		Employer's Name P		Address -----	Phone -----		
	Also Known As (Alias Names)		Hgt 509	Wgt 186	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 Driver's License						
	Nearest Relative Name			Address			Phone					
	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							
ARREST INFO	Charge # 1 SECOND DEGREE FORCIBLE RAPE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 0200	Offense Jurisdiction (If not arresting Agency)		Statute# 14-27.22	Warr Date Mo Date Year 01/05/2020				
	Charge # 2 SECOND DEGREE FORCIBLE SEXUAL OFFENSE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1790	Offense Jurisdiction (If not arresting agency)		Statute# 14-27.27	Warr Date Mo Date Year 01/05/2020				
	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				
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 01/05/2020 Hrs: 20:10		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate D. WILLIAMS						
	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		Trial Date 01/06/2020	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)											
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: GARDNER J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-0149				
	NARRATIVE ON 01/05/2020 I DETECTIVE GARDNER ARRESTED TIMOTHY RICHMOND FOR THE OUTSTANDING WARRANTS FOR ARREST FOR TWO COUNTS OF 2ND DEGREE FORCIBLE RAPE, 2ND DEGREE FORCIBLE SEX OFFENSE, 2ND DEGREE KIDNAPPING, ASSAULT BY STRANGULATION AND ASSAULT ON A FEMALE. THESE CHARGES STEM FROM AN INVESTIGATION WHEREBY TITANIA RICHMOND REPORTED SHE WAS RAPED AND KIDNAPPED BY TIMOTHY RICHMOND. THESE CHARGES ARE DOMESTIC IN NATURE, THEREFORE NO BOND WAS GIVEN TO TIMOTHY RICHMOND. A FIRST APPEARANCE WAS SET IN											
STATUS	Arresting Officer Signature/ID # GARDNER JACOB RYAN JRG			Date/Time Submitted Mo Date Year 01/05/2020 Hrs: 20:10		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: 01/05/2020	CASE #: 20000096
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LILLINGTON FOR 01/06/2020.

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 01/04/2020 Hrs: 22:54		OCA 20000081						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3037NBE	Arrest Tract 1124	Residence Tract 1124		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) GODFREY BRYAN DAVID		D O B Mo Date Year	Age 33	Race W	Sex M	Place of Birth SANFORD	Country of Citizenship US				
	Current Address 76 FLYWAY DR LILLINGTON NC 27546-			Phone	Occupation LABORER		<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 64	Wgt 200	Hair BROWN	Eye HAZEL	Skin Tone LIGHT	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 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 12061 US 421 N BROADWAY							
	Charge # 1 FAILURE TO APPEAR - PAROLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (If not arresting Agency) DOC		Statute# 15A-543(B)	Warr Date Mo Date Year 12/16/2019				
	Charge # 2 POSSESS HEROIN	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(D)(1)	Warr Date Mo Date Year 01/04/2020				
	Charge # 3 MAINT VEH/DWELL/PLACE CS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1890	Offense Jurisdiction (If not arresting agency)		Statute# 90-108(A)(7)	Warr Date Mo Date Year 01/04/2020				
VEH. INFO.	VYR 2001	Make CHEVROLET	Model S-10	Style 3D	Color WHITE	Lic/Lis FLP9173	NC	VIN 1GCCS14W518162849				
	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 01/04/2020 Hrs:22:54		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 \$30,000.00	Trial Date 01/06/2020	Court of HARNETT		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					
D	F	3.0	GM	HEROIN		D	<input checked="" type="checkbox"/> Possess	<input type="checkbox"/> Buy	<input type="checkbox"/> Sale	<input type="checkbox"/> Mfg.	<input type="checkbox"/> Importing	<input type="checkbox"/> Operating
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COM-PLAINANT	Name: Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/>			Address:				Phone:				
	STATE OF NORTH CAROLINA											
NARRATIVE	RYAN DAVID GODFREY WAS ARRESTED FOR A PAROLE VIOLATION WITH DOC. MR GODFREY WAS HANDCUFFED FROM BEHIND, DOUBLE LOCKED, AND WAS PLACED IN THE FRONT PASSENGER SEAT OF MY PATROL VEHICLE. THE SEAT WAS SEARCHED UPON THE MR GODFREY EXITING THE VEHICLE. UPON PROCESSING MR GODFREY HE ASKED TO UTILIZE THE RESTROOM. WHEN ESCORTING MR GODFREY BECAME NERVOUS AND BEGAN PEERING OVER HIS SHOULDER WHEN ATTEMPTING TO URINATE I OBSERVED A WHITE IN COLOR PLASTIC BAG CONTAINING HERION.											
STATUS	Arresting Officer Signature/ID # GRANGER LEVI C LCG			Date/Time Submitted Mo Date Year 01/04/2020 Hrs:23:15		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 01/06/2020 Hrs: 05:00		OCA 20000075
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3052NB	Arrest Tract 1183	Residence Tract 1143		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) ADAMS RODNEY W			D.O.B. Mo Date Year	Age 38	Race B	Sex M	Place of Birth CHAPLE HILL, NC	Country of Citizenship US	
	Current Address 213 CALEY DR FUQUAY VARINA NC 27526-					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 170	Hair BLACK	Eye BROWN	Skin Tone FAIR	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 C License			
Nearest Relative Name			Address				Phone			

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 POSSESSION OF FIREARM BY FELON	<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 01/05/2020
	Charge # 2 FIRST DEGREE BURGLARY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0510	Offense Jurisdiction (If not arresting agency)		Statute# 14-51	Warr Date Mo Date Year 01/05/2020
	Charge # 3 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 01/05/2020

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 01/06/2020 Hrs:05:00		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate T. 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 \$175,000.00	Trial Date 01/06/2020	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"/>

COMPLAINANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 428 CALEY DR FUQUAY VARINA NC 27526-		Phone: 919-449-8168
	HORTON CHRISTEN				

NARRATIVE

ON 01/06/2020 I DEPUTY HALEY RESPONDED TO 175 BAIN ST LILLINGTON, NC TO SERVE ADAMS (SUSPECT), TWO HARNETT COUNTY WARRANTS FOR ARREST FOR, FIRST DEGREE BURGLARY, ROBBERY WITH A DANGEROUS WEAPON, SECOND DEGREE KIDNAPPING AND POSSESSION OF A FIREARM BY FELON.

ADAMS WAS TAKEN INTO CUSTODY WITHOUT INCIDENT. HE WAS SEARCHED AND WALKED TO

STATUS	Arresting Officer Signature/ID # HALEY DAMON MATTHEW DMHA		Date/Time Submitted Mo Date Year 01/06/2020 Hrs:05:45	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:
01/06/2020

CASE #:
20000075

DETENTION CENTER WHERE HE WAS TAKEN BEFORE THE MAGISTRATE. ADAMS WAS NOT A THREAT AND WAS NOT HANDCUFFED FOR THE WALK FROM THE MAGISTRATES OFFICE TO THE DETENTION CENTER. ADAMS WAS GIVEN A BOND AND HELD FOR FURTHER PROCESSING. THIS IS A FINAL REPORT.

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 01/04/2020 Hrs: 06:57		OCA 20000057							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3032NBB	Arrest Tract 1120	Residence Tract 1120	Arrest Number								
ARRESTEE INFORMATION	Name (Last, First, Middle) KNIGHT CHRISTIAN		D.O.B. Mo Date Year	Age 24	Race W	Sex M	Place of Birth GA	Country of Citizenship US					
	Current Address 167 CIMARRON DR. SPRING-LAKE NC 28390-		Phone	Occupation UNKNOWN OR NOT STATED		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident						
	Employer's Name		Address			Phone							
	Also Known As (Alias Names) N/A		Hgt 600	Wgt 185	Hair BROWN	Eye HAZEL	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk					
	Scars, Marks, Tattoos		Social Security #		OLN	State	Misc. # and Type						
		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 167 CIMARRON DR. SPRING-LAKE								
	Charge # 1 FAILURE TO APPEAR ON FELONY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 4	DCI Code 2640	Offense Jurisdiction (If not arresting Agency)		Statute# 15A-543(B)	Warr Date Mo Date Year 11/13/2019					
	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)		Statute# 15A-543(C)	Warr Date Mo Date Year 11/13/2019					
	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 01/04/2020 Hrs: 07:37		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate B. HOYLE							
	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 \$5,500.00	Trial Date 01/10/2020	Court of CUMBERLAND COUNTY		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"/>
COMPLAINANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address:				Phone:						
	CUMBERLAND COUNTY DISTRICT COURT												
NARRATIVE	SATURDAY, JANUARY 4TH, 2020: ON SATURDAY, JANUARY 4TH, 2020, AT APPROXIMATELY 7:30 A.M., I, DETECTIVE M.E. WEAVER JR., SERVED THE DEFENDANT WITH THE ABOVE DESCRIBED CHARGES. THE DEFENDANT WAS PROVIDED WITH A COURT DATE OF JANUARY 10TH, 2020, AT THE CUMBERLAND												
	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE			Date/Time Submitted Mo Date Year 01/04/2020 Hrs: 07:43		Supervisor Signature							
STATUS	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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/03/2020 Hrs: 20:54		OCA 20000048			
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN)	Arrest Tract 1183	Residence Tract 1161		Arrest Number			
ARRESTEE INFORMATION	Name (Last, First, Middle) STOKES SHAMAR DARIS		D O B Mo Date Year	Age 34	Race B	Sex M	Place of Birth NC	Country of Citizenship USA	
	Current Address 1383 BUD HAWKINS RD DUNN NC			Occupation SELF EMPLOYED		<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 170	Hair BROWN	Eye BROWN	Skin Tone MDARK	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			
	Nearest Relative Name		Address				Phone		
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 POSSESSION OF FIREARM BY FELON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1530	Offense Jurisdiction (If not arresting Agency) ERWIN		Statute# 14-415.1	Warr Date Mo Date Year 01/03/2020	
	Charge # 2 TRAFFICKING IN COCAINE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(H)(3)	Warr Date Mo Date Year 01/03/2020	
	Charge # 3 MAINT VEH/DWELL/PLACE CS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1890	Offense Jurisdiction (If not arresting agency)		Statute# 90-108(A) (7)	Warr Date Mo Date Year 01/03/2020	
VEH. INFO.	YVR	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 01/03/2020 Hrs: 22:00		Place Confined HCJ			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 \$25,000.00		Trial Date 01/06/2020	Court of HARNETT		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	
DRUGS AT ARREST									
COMPLAINANT	Name: E T CORE			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: ERWIN POLICE DEPT ERWIN NC		Phone:
	NARRATIVE ON THIS DATE SHAMAR STOKES TURNED HIMSELF INTO THE HARNETT COUNTY JAIL ON OUTSTANDING WARRANTS ISSUED BY E T CORE OF THE ERWIN PD. STOKES WAS CHECKED AND CLEARED OF ANY OUTSTANDING NCIC.								
STATUS	Arresting Officer Signature/ID # HILDRETH DAVID JAY DJH			Date/Time Submitted Mo Date Year 01/03/2020 Hrs: 21:35		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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/03/2020 Hrs: 08:57		OCA 20000034						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3022NBG	Arrest Tract	Residence Tract		Arrest Number 1						
ARRESTEE INFORMATION	Name (Last, First, Middle) REAGAN JESSE SCOTT		D.O.B. Mo Date Year	Age 30	Race W	Sex M	Place of Birth SANFORD	Country of Citizenship US				
	Current Address 1293 SHUE ROAD BROADWAY NC			Occupation LABORER		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident						
	Also Known As (Alias Names)		Hgt 601	Wgt 165	Hair RED	Eye GREEN	Skin Tone FAIR	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 03		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 611 LLOYD STEWART RD BROADWAY							
	Charge # 1 SELL OR DELIVER MARIJUANA	<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 01/03/2020				
	Charge # 2 SELL OR DELIVER HEROIN	<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 01/03/2020				
Charge # 3 POSSESS DRUG PARAPHERNALIA	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1834	Offense Jurisdiction (If not arresting agency)		Statute# 90-113.22	Warr Date Mo Date Year 01/03/2020					
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 01/03/2020 Hrs: 09:27		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate HOYLE						
	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 \$10,000.00		Trial Date 01/06/2020	Court of DISTRICT		City LILLINGTON				
DRUGS AT ARREST	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)											
COMPLAINANT	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"/>
STATUS	Name: ODOM S T		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE ON 01/03/2020 WHILE LEAVING ADDRESS 644 LLOYD STEWART RD. IN REFERENCE TO A WARRANT CHECK ON A SUBJECT. I WAS WALKING ALONG THE SIDE OF THE ROAD WITH ADDITIONAL UNITS. WHEN A VEHICLE (WHITE FORD F-150) HEADING NORTH TOWARDS OLD US 421 PASSED BY WITH A STRONG ODOR OF UN-BURNT MARIJUANA. THE SUBJECTS INSIDE WAVED AT ME AND ADDITIONAL UNITS AND THE VEHICLE SLOWED AND TURNED INTO LOT ADDRESS 611 LLOYD STEWART RD. THE VEHICLE WAS THE ONLY OTHER VEHICLE ON THE ROADWAY AND ONLY VEHICLE MOVING AT THIS TIME. AFTER CONDUCTING A TRAFFIC											
STATUS	Arresting Officer Signature/ID # ODOM STORM TRISTIAN STO		Date/Time Submitted Mo Date Year 01/03/2020 Hrs: 11:16		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 01/03/2020 Hrs: 14:00		OCA 19007380						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3024NBV	Arrest Tract 1183	Residence Tract 1126		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) TYNDALL SEAN EVAN		DOB Mo Date Year	Age 32	Race W	Sex M						
	Current Address 461 ASHLEY LYNN LANE DUNN NC 28334-		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 601	Wgt 225	Hair BLONDE	Eye BLUE	Skin Tone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
	Scars, Marks, Tattoos TAT TATTOOS TAT L ARM MOTLEY CRUE SKULL 22		Social Security #	OLN	State NC	Misc. # and Type Driver's License						
Nearest Relative Name		Address		Phone								
ARREST INFO	If Armed, Type of Weapon 40		<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 POSSESS SCHEDULE II CONTROLLED SUBSTANCE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(A)(3) Warr Date Mo Date Year 01/03/2020					
	Charge # 2 SIMPLE POSSESSION SCHEDULE II CONTROLLED SUBS	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(D)(2) Warr Date Mo Date Year 01/03/2020					
	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 01/03/2020 Hrs: 14:00		Place Confined HARNETT COUNTY DETENTION CENTER		Committing Magistrate B HOYLE							
	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 01/06/2020	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)											
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: COX J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE SEAN TYNDALL TAKEN BEFORE MAGISTRATE ON WFA FOR FELONY POSSESSION SCH II AND SIMPLE POSSESS SCH III GIVEN \$5000.00 SECURED BOND.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI		Date/Time Submitted Mo Date Year 01/03/2020 Hrs: 14:30		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						

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/03/2019 Hrs: 10:35		OCA 19007329				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3023NBC	Arrest Tract 1183	Residence Tract 10		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) MURPHY BRANDON ANTOINE		D.O.B. Mo Date Year	Age 35	Race B	Sex M				
	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) FRESH		Hgt 607	Wgt 270	Hair BLACK	Eye BROWN	Skin Tone DARK			
	Scars, Marks, Tattoos TAT TATTOOS TAT R SHLD FACE 12		Social Security #	State NC	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 40		<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 POSSESSION OF FIREARM BY FELON	<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 12/06/2019			
	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			
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 01/03/2020 Hrs: 11:15		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate B. HOYLE				
	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 01/06/2020	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	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		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 919-890-9111		
	NARRATIVE									
BRANDON ANTOINE MURPHY ARRESTED WARRANT FOR ARREST FOR POSSESSION OF FIREARM BY FELON. HE WAS TAKEN BEFORE MAGISTRATE B. HOYLE AND GIVEN A \$30,000 SECURED BOND.										
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI		Date/Time Submitted Mo Date Year 01/02/2020 Hrs: 11:30		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				

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 11/08/2019 Hrs: 17:32		OCA 19006142				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4118MWE	Arrest Tract 10	Residence Tract 1102		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) ESCALERA JULIUS RAUL		D O B Mo Date Year	Age 32	Race W	Sex M				
	Current Address 7710 SWEET WATER RD DUNN NC 28334-		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 509	Wgt 180	Hair BROWN	Eye BROWN	Skin Tone MEDIUM			
	Scars, Marks, Tattoos		Social Security #		State NC	Misc. # and Type				
	Nearest Relative Name UNK		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 219 S MANGUM ST DURHAM NC					
	Charge # 1 LARC FROM A MERCHANT >\$200 EXIT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (if not arresting Agency)		Statute# 14-72.11(1) Warr Date Mo Date Year 10/15/2019			
	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 10/15/2019			
	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 Hrs:		Place Confined			Committing Magistrate				
	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 \$5,000.00		Trial Date 11/12/2019	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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-				Phone:		
	MR ESCALERA WAS ARRESTED IN DURHAM FOR THIS HARNETT CO WARRANT. BOND: \$5000/UNSEC									
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 01/03/2020 Hrs:14:20		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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 11/08/2019 Hrs: 17:32		OCA 19006142	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) #118MVE	Arrest Tract 10	Residence Tract 1102		Arrest Number	
ARRESTEE INFORMATION	Name (Last, First, Middle) ESCALERA JULIUS RAUL		D.O.B. Mo Date Year	Age 32	Race W	Sex M	
	Current Address 7710 SWEET WATER RD DUNN NC 28334-		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 509	Wgt 180	Hair BROWN	Eye BROWN	Skin Tone MEDIUM
	Scars, Marks, Tattoos		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
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 219 S MANGUM ST DURHAM NC		
	Charge # 1 LARC FROM A MERCHANT >\$200 EXIT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)	Statute# 14-72.11(1) Warr Date Mo Date Year 10/15/2019	
	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 10/15/2019	
	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	
	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 Hrs:		Place Confined		Committing Magistrate		
	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 \$5,000.00		Trial Date 11/12/2019	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	Operating	
COMPLAINANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone:	
	MR ESCALERA WAS ARRESTED IN DURHAM FOR THIS HARNETT CO WARRANT. BOND: \$5000/UNSEC						
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT		Date/Time Submitted Mo Date Year 01/03/2020 Hrs: 14:20		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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 01/02/2020 Hrs: 10:03		OCA 19007798				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3014NBD	Arrest Tract 1120	Residence Tract 1120	Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) LEE ADRIAN MARQUIS		DOB	Age 29	Race B	Sex M	Place of Birth NC	Country of Citizenship US		
	Current Address 208 DINGO DR. H SPRING LAKE NC 28390-		Phone	Occupation LABORER		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Resident		
	Employer's Name		Address		Phone					
	Also Known As (Alias Names) A. LEE		Hgt 603	Wgt 225	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 Driver's License				
Nearest Relative Name		Address		Phone						
ARREST INFO	If Armed, Type of Weapon 97		<input checked="" 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 MCDONALDS (RAY RD./OVERHILLS RD) SPRING-LAKE				
	Charge # 1 BREAKING OR ENTERING	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0510	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(B)	Warr Date Mo Date Year 01/02/2020		
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)	Warr Date Mo Date Year 01/02/2020		
	Charge # 3 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 01/02/2020		
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 01/02/2020 Hrs: 11:37		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 \$5,000.00	Trial Date 01/03/2020	Court of HARNETT COUNTY		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 checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: HARNETT COUNTY SHERIFF'S OFFICE				Phone: 910-893-0268			
	DET. M.E. WEAVER JR.									
NARRATIVE	THURSDAY, JANUARY 2ND, 2020: ON THURSDAY, JANUARY 2ND, 2020, I, DETECTIVE M.E. WEAVER JR., CONDUCTED AN "ON-VIEW" ARREST ON THE DEFENDANT ON ACCOUNT OF THE FOLLOWING CHARGES: I F-BREAKING AND/OR ENTERING (N.C.G.S. 14-54A)									
STATUS	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE		Date/Time Submitted Mo Date Year 01/02/2020 Hrs: 11:44		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

NCIC CLEAR Page 1 of 1

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 01/02/2020 Hrs: 16:34		OCA 19007480						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 3017NBY		Arrest Tract 1183		Residence Tract 1107		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) GARDNER, MICHAEL DALE			DOB Mo Date Year		Age 29	Race W	Sex M	Place of Birth VIRGINIA	Country of Citizenship US			
	Current Address HOMELESS			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) UNK			Hgt 507	Wgt 160	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			Social Security: #		DOB	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 10 LEE AV SANFORD					
	Charge # 1 POSSESSION OF BURGLARY TOOLS		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-55	Warr Date Mo Date Year 01/01/2020				
	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 01/02/2020 Hrs: 17:00		Place Confined HCDC		Committing Magistrate								
	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		Trial Date 01/03/2020		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
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 MR GARDNER WAS TAKEN INTO CUSTODY BY SANFORD PD FOR THIS HARNETT COUNTY WARRANT. BOND:\$20,000.00/SECURE												
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 01/02/2020 Hrs:17:01		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 01/02/2020 Hrs: 14:30		OCA 19006801						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3016NBS	Arrest Tract 1104	Residence Tract 1104		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) ROSS ANTHONY BRIAN		DOB	Age 48	Race W	Sex M	Place of Birth NORTH CAROLINA	Country of Citizenship US				
	Current Address 105 W F STREET ERWIN NC 28339-			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 600	Wgt 235	Hair BROWN	Eye BLUE	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos TAT TATTOOS TAT L ARM ROSE WITH CROSS 11			Social Security #		State NC	Misc. # and Type Driver's License					
Next of Kin Name		Address			Phone							
ARREST INFO	If Armed, Type of Weapon 40		<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 105 W. F STREET ERWIN						
	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 11/24/2019			
	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			
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 01/02/2019 Hrs: 15:00		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 \$7,500.00		Trial Date 01/03/2020	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)											
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			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTO NC 27546-		Phone: 910-893-9111			
	ANTHONY BRIAN ROSS ARRESTED AND TAKEN BEFORE MAGISTRATE D. MCLEAN. ANTHONY ROSS CHARGED WITH BREAKING AND ENTERING MOTOR VEHICLE. ANTHONY BRIAN ROSS GIVEN \$7,500.00 SECURED BOND.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI			Date/Time Submitted Mo Date Year 01/02/2019 Hrs: 15:30		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						

Cleared NCIC ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 09/17/2019 Hrs: 09:00		OCA 18003933						
	Taken Prints <input type="checkbox"/> Photos <input type="checkbox"/>	Fingerprint Card Check Digit # (CKN)	Arrest Tract 10	Residence Tract 10		Arrest Number 202001020001						
ARRESTEE INFORMATION	Name (Last, First, Middle) FEWELL LADARRIAN JAQUELE		Age 27	Race B	Sex M	Place of Birth SC	Country of Citizenship US					
	Current Address 1083 CLUBVIEW LANE CAROLINA SHORES NC 28467		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 600	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
	Scars, Marks, Tattoos		Serial Security #	OLN	State	Misc. # and Type						
	Nearest Relative Name NONE GIVEN		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 CUMBERLANC COUNTY JAIL FAYETTEVILLE							
	Charge # 1 LARCENY OF FIREARM	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency) HARNETT		Statute# 14-72(B) Warr Date Mo Date Year 09/07/2019					
	Charge # 2 POSSESSION STOLEN FIREARM	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency) HARNETT		Statute# 14-71 Warr Date Mo Date Year 09/07/2019					
	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 09/17/2019 Hrs: 09:00		Place Confined CUMBERLAND COUNTY JAIL			Committing Magistrate						
	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 \$.00		Trial Date	Court of HARNETT		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: HILDRETH D		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC			Phone: 910-893-9111				
	NARRATIVE Title: Arrest On 09/17/2019, The defendant Ladarrian Fewell was arested by Cumberland County and served this warrant. Fewell should be cleared NCIC.											
STATUS	Arresting Officer Signature/ID # HILDRETH, DAVID JAY DJH			Date/Time Submitted Mo Date Year 01/02/2020 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						