



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

NEWS RELEASE

July 22, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 07/21/2020 Hrs: 08:45		OCA 20003861					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4693NBQ	Arrest Tract 1183	Residence Tract 1110		Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) BREWINGTON PAYTON AHMAD		D O B	Age 22	Race B	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 17889 NC 27 W. CAMERON NC 28326-		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) HONCHO		Hgt 508	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos		Social Security #		OLN	State	Misc. # and Type				
Nearest Relative Name TAMMY BREWINGTON-MOTHER		Address 17889 NC 27 W. CAMERON NC 28326-			Phone						
ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 175 BAIN STREET LILLINGTON						
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant						
	Charge # 1 FELONY CONSPIRACY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-2.4(A)	Warr Date Mo Date Year 07/17/2020			
	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.	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 07/16/2020 Hrs: 08:55		Place Confined HC JAIL			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 \$15,000.00		Trial Date 07/22/2020	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				
						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: WEAVER M E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone:			
	NARRATIVE ON 07/21/2020 AT 0845 HRS I, DEPUTY W.L. EASON RESPONDED TO THE HARNETT COUNTY DETENTION CENTER IN REFERENCE TO AN INCARCERATED SUBJECT WITH WARRANTS FOR FELONY CONSPIRACY, BREAK OR ENTER A MOTOR VEHICLE, MISDEMEANOR ATTEMPTED BREAK/ENTER A MOTOR VEHICLE, AND MISDEMEANOR LARCENY. SUBJECT WAS SERVED WITHOUT FURTHER INCIDENT.										
STATUS	Arresting Officer Signature/ID # EASON WALTER LEE WLE			Date/Time Submitted Mo Date Year 07/21/2020 Hrs: 10:15		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 07/21/2020 Hrs: 08:45		OCA 20003862					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 4693NBQ		Arrest Tract 1183		Residence Tract 1110		Arrest Number			
ARRESTEE INFORMATION	Name (Last, First, Middle) BREWINGTON PAYTON AHMAD			D O B Mo Date Year		Age 22	Race B	Sex M	Place of Birth NC		Country of Citizenship US	
	Current Address 17889 NC 27 W. CAMERON NC 28326-				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) HONCHO				Hgt 508	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos				Social Security #		OLN		State	Misc. # and Type		
Nearest Relative Name TAMMY BREWINGTON-MOTHER				Address 17889 NC 27 W. CAMERON NC 28326-				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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 175 BAIN STREET LILLINGTON					
	Charge # 1 BREAK OR ENTER A MOTOR VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)			Statute# 14-56	Warr Date Mo Date Year 07/17/2020		
	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 07/16/2020 Hrs:08:55		Place Confined HC JAIL			Committing Magistrate CB 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 \$15,000.00		Trial Date 07/22/2020	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				
							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"/>
COM-PLAIN-ANT	Name: WEAVER M E				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN STREET LILLINGTON NC 27546-5			Phone: 910-893-9111
	NARRATIVE ON 07/21/2020 AT 0845 HRS I, DEPUTY W.L. EASON RESPONDED TO THE HARNETT COUNTY DETENTION CENTER IN REFERENCE TO AN INCARCERATED SUBJECT WITH WARRANTS FOR FELONY CONSPIRACY, FELONY BREAK OR ENTER A MOTOR VEHICLE, MISDEMEANOR ATTEMPTED BREAK/ENTER A MOTOR VEHICLE, AND MISDEMEANOR LARCENY. SUBJECT WAS SERVED WITHOUT FURTHER INCIDENT.											
STATUS	Arresting Officer Signature/ID # EASON WALTER LEE WLE			Date/Time Submitted Mo Date Year 07/16/2020 Hrs:10:15		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 07/21/2020 Hrs: 08:45		OCA 20003961					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4693NBQ	Arrest Tract 1183	Residence Tract 1110	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) BREWINGTON PAYTON AHMAD		D.O.B. Mo Date Year	Age 22	Race B	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 17889 NC 27 W. CAMERON NC 28356-		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) HONCHO		Hgt 508	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos		Identification #	OLN	State	Misc. # and Type					
Nearest Relative Name TAMMY BREWINGTON-MOTHER		Address 17889 NC 27 W. CAMERON NC 28326-		Phone							
ARREST INFO	If Armed, Type of Weapon 99		<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 STREET LILLINGTON							
	Charge # 1 BREAK/ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-56	Warr Date Mo Date Year 07/17/2020			
	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 07/16/2020 Hrs: 08:55		Place Confined HC JAIL		Committing Magistrate CB 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 \$15,000.00		Trial Date 07/22/2020		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				
						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: WEAVER M E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone:			
	NARRATIVE ON 07/21/2020 AT 0845 HRS I, DEPUTY W.L. EASON RESPONDED TO THE HARNETT COUNTY DETENTION CENTER IN REFERENCE TO AN INCARCERATED SUBJECT WITH WARRANTS FOR FELONY CONSPIRACY, FELONY BREAK OR ENTER A MOTOR VEHICLE, MISDEMEANOR ATTEMPTED BREAK/ENTER A MOTOR VEHICLE, AND MISDEMEANOR LARCENY. SUBJECT WAS SERVED WITHOUT FURTHER INCIDENT.										
STATUS	Arresting Officer Signature/ID # EASON WALTER LEE WLE		Date/Time Submitted Mo Date Year 07/21/2020 Hrs: 10:15		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 07/21/2020 Hrs: 08:45		OCA 20004028						
	Taken <input checked="" type="checkbox"/> Fingerprint Card Check Digit # (CKN) Prints <input checked="" type="checkbox"/> 4693NBQ Photos <input checked="" type="checkbox"/>	Arrest Tract 1183		Residence Tract 1110		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) BREWINGTON PAYTON AHMAD		D.O.B.	Age 22	Race B	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 17889 NC 27 W. CAMERON NC 28326-		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) HONCHO		Hgt 508	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos		Social Security #		OLN	State	Misc. # and Type					
Nearest Relative Name TAMMY BREWINGTON-MOTHER		Address 17889 NC 27 W. CAMERON NC 28326-				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 type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 175 BAIN STREET LILLINGTON							
	Charge # 1 BREAK/ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-56	Warr Date Mo Date Year 07/17/2020				
	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 07/16/2020 Hrs: 08:55		Place Confined HC JAIL			Committing Magistrate CB 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 \$15,000.00		Trial Date 07/22/2020	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					
							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: WEAVER M E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE ON 07/21/2020 AT 0845 HRS I, DEPUTY W.L. EASON RESPONDED TO THE HARNETT COUNTY DETENTION CENTER IN REFERENCE TO AN INCARCERATED SUBJECT WITH WARRANTS FOR FELONY CONSPIRACY, FELONY BREAK OR ENTER A MOTOR VEHICLE, MISDEMEANOR ATTEMPTED BREAK/ENTER A MOTOR VEHICLE, AND MISDEMEANOR LARCENY. SUBJECT WAS SERVED WITHOUT FURTHER INCIDENT.											
STATUS	Arresting Officer Signature/ID # EASON WALTER LEE WLE			Date/Time Submitted Mo Date Year 07/21/2020 Hrs: 10:40		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 07/21/2020 Hrs: 08:45		OCA 20004029
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4693NBQ	Arrest Tract 1183	Residence Tract 1110		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) BREWINGTON PAYTON AHMAD			D.O.B. Mo Date Year	Age 22	Race B	Sex M	Place of Birth NC	Country of Citizenship US
	Current Address 17889 NC 27 W. CAMERON NC 28326-			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) HONCHO			Hgt 508	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos			Serial Security #	OLN	State	Misc. # and Type		

ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 175 BAIN STREET LILLINGTON		
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant		
	Charge # 1 BREAK/ENTER A MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)	Statute# 14-56	Warr Date Mo Date Year 07/17/2020
	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

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 07/16/2020 Hrs: 08:55		Place Confined HC JAIL	Committing Magistrate CB 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 \$15,000.00	Trial Date 07/22/2020	Court of HARNETT	City LILLINGTON
	Assisting Officer Name/ID Number		Released By Name/Dep/ID			Date/Time Released Hrs:

Status Codes	L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found
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DRUGS AT ARREST	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
						Possess	Buy	Sale	Mfg.	Importing	Operating
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ON 07/21/2020 AT 0845 HRS I, DEPUTY W.L. EASON RESPONDED TO THE HARNETT COUNTY DETENTION CENTER IN REFERENCE TO AN INCARCERATED SUBJECT WITH WARRANTS FOR FELONY CONSPIRACY, BREAK OR ENTER A MOTOR VEHICLE, MISDEMEANOR ATTEMPTED BREAK/ENTER A MOTOR VEHICLE, AND MISDEMEANOR LARCENY. SUBJECT WAS SERVED WITHOUT FURTHER INCIDENT.

STATUS	Arresting Officer Signature/ID # EASON WALTER LEE WLE		Date/Time Submitted Mo Date Year 07/21/2020 Hrs: 10:55	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 07/21/2020 Hrs: 11:35		OCA 20004111				
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN)	Arrest Tract 1115	Residence Tract 1116		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) BLUE DAKOTA DANIEL		DOB	Age 27	Race I	Sex M	Place of Birth SANFORD NC	Country of Citizenship US		
	Current Address 65 PAT WAY LN LILLINGTON NC 27546-			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 510	Wgt 205	Hair BLACK	Eye BROWN	Skin Tone LBR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	Scars, Marks, Tattoos				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 10302 MCDOUGALD RD BROADWAY					
	Charge # 1 POSSESSION STOLEN VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting Agency)		Statute# 20-106	Warr Date Mo Date Year 07/21/2020		
	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 2007	Make INFINITI	Model G35	Style 2D	Color SILVER	Lic/Lis	VIN JNKCV54E17M907861			
	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 checked="" type="checkbox"/> Name of Other <u>TOWED BY A-1 TOWING</u> 3: <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? <input type="checkbox"/>									
CONFINED BOND INFO	Date/Time Confined 07/21/2020 Hrs: 15:20		Place Confined HARNETT COUNTY DETENTION CENTER			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		Trial Date 07/22/2020	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: ALLEN M J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST. LILLINGTON NC 27546-			Phone: 910-893-9111	
	ON 07-21-2020 THE MALE SUBJECT LISTED ABOVE WAS ARRESTED ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY. (20CR 052595)									
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA		Date/Time Submitted Mo Date Year 07/21/2020 Hrs: 15:50		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				