



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

NEWS RELEASE

July 24, 2019

~~NCLEAR IVUICX~~
ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 07/23/2019 Hrs: 14:19		OCA 19004264						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1425NBH	Arrest Tract 1180	Residence Tract 1111	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) WASHINGTON MARCEL BENORRIS		Age 26	Race B	Sex M	Place of Birth NC	Country of Citizenship US					
	Current Address 186 JOHNSONVILLE SCHOOL ROAD CAMERON NC 28390-		Phone	Occupation LABORER	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident							
	Also Known As (Alias Names)		Hgt 605	Wgt 180	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 TAT TATTOOS TAT FACE FACE, SKULL, CROWN, AND STARS 55		Social Security #	IOIN	State NC	Misc. # and Type Driver's License						
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 RITA LANE							
	Charge # 1 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 07/23/2019					
	Charge # 2 CONSP ROBBERY 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 07/23/2019					
	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 07/23/2019					
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 07/23/2019 Hrs: 16:30		Place Confined HARNETT COUNTY DETENTION CENTER		Committing Magistrate							
	Type Bond <input checked="" type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Amt. Bond \$100,000.00	Trial Date 07/24/2019	Court of HARNETT COUNTY	City LILLINGTON						
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)											
	Assisting Officer Name/ID Number KLINGMAN MICHAEL BRANDON MBK	Released By Name/Dept/ID					Date/Time Released Hrs:					
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 DAVID J.		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE SUBJECT MARCEL BENORRIS WASHINGTON WAS ARRESTED 07/23/2019 AT 1419 HOURS REFERENCE (2) OUTSTANDING WARRANTS FOR HIS ARREST. SUBJECT WAS THEN TOOK BEFORE MAGISTRATE R. HOLDER AND BOOKED INTO THE HARNETT COUNTY DETENTION CENTER. I THEN PROVIDED HARNETT COUNTY EMERGENCY DISPATCHERS WITH THIS ARREST REPORT SO THAT THE SUBJECT COULD BE REMOVED FROM NCIC.											
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA		Date/Time Submitted Mo Date Year 07/23/2019 Hrs: 16:30		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 07/08/2019 Hrs: 02:19		OCA 18003265	
	<input type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 1791RVX	Arrest Tract 10	Residence Tract 1120	Arrest Number		
	Name (Last, First, Middle) LAUDENSLAGER THOMAS LYNN			D.O.B. Mo Date Year	Age 24	Race W	Sex M
ARRESTEE INFORMATION	Current Address 580 AZALEA DR. SPRING LAKE NC 28390-		Phone	Occupation UNEMPLOYED	<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident		
	Employer's Name		Address		Phone		
	Also Known As (Alias Names)		Hgt 511	Wgt 176	Hair BROWN	Eye BLUE	Skin Tone FAIR
	Scars, Marks, Tattoos		Social Security #		State NC	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 232 N. MAIN ST. SALISBURY		
	Charge # 1 Burglary-non-forced Entry	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0520	Offense Jurisdiction (if not arresting Agency)	Statute# 14-54(A)	Warr Date Mo Date Year 07/16/2018
	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 07/16/2018
	Charge # 3 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 07/16/2018
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 07/08/2019 Hrs: 02:30		Place Confined ROWAN DETENTION CENTER		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 \$15,000.00	Trial Date 09/10/2019	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	
COM-PLAINANT	Name: BEASLEY R			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST. LILLINGTON NC 27546-	
						Phone: 910-893-9111	
NARRATIVE	ON JULY 8TH, 2019 THOMAS LYNN LAUDENSLAGER WAS TAKEN INTO CUSTODY IN ROWAN COUNTY ON OUTSTANDING CHARGES FOR BREAKING AND ENTERING, LARCENY AFTER BREAKING AND ENTERING, POSSESS STOLEN GOODS, LARCENY OF FIREARM, AND POSSESS STOLEN FIREARM.						
	MR. LAUDENSLAGER WAS ISSUED A \$15,000 SECURED BOND AND WILL BE REMOVED FROM NCIC						
STATUS	Arresting Officer Signature/ID # BEASLEY RONALD HANS RHB		Date/Time Submitted Mo Date Year 07/23/2019 Hrs: 10:53		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 07/23/2019 Hrs: 07:45		OCA 19004337						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN)		Arrest Tract 1124	Residence Tract 1124	Arrest Number 201907230006						
ARRESTEE INFORMATION	Name (Last, First, Middle) GODFREY JAMES LEON			Age 44	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 3314 OLIVIA RD SANFORD NC 27332-			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 601	Wgt 220	Hair BLACK	Eye BLUE	Skin Tone FAIR	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security #	State NC	Misc. # and Type						
ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 21 QUAIL ACRES LN BROADWAY							
	Charge # 1 POSSESS SCHEDULE I 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 07/23/2019				
	Charge # 2 POSSESS MARIJUANA UP TO R OZ	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(D)(4)	Warr Date Mo Date Year 07/23/2019				
	Charge # 3 SIMPLE POSSESSION SCHEDULE IV 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 07/23/2019				
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 07/23/2019 Hrs: 10:00		Place Confined HARNETT COUNTY DETENTION CENTER			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 \$20,000.00	Trial Date 07/24/2019	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					
	D	Z	1.5	GM	HEROIN		Possess	Buy	Sale	Mfg.	Importing	Operating
	H	Z	4	DU	OTHER NARCOTICS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NARRATIVE	E	Z	5	DU	MARIJUANA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name: ALLEN M J Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Address: 175 BAIN ST. LILLINGTON NC 27546- Phone: 910-893-9111											
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA			Date/Time Submitted Mo Date Year 07/23/2019 Hrs: 20:30		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 07/23/2019 Hrs: 20:24		OCA 19004354					
	<input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 1426NBD	Arrest Tract 1183	Residence Tract 1196	Arrest Number						
	Name (Last, First, Middle) SANCHEZ ROLANDO JR			Age 40	Race W	Sex M	Place of Birth FLORIDA	Country of Citizenship US			
ARRESTEE INFORMATION	Current Address 9716 KENNEBEC RD. WILLOW SPRINGS NC 27592-		Phone	Occupation LABORER	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Resident				
	Employer's Name UNKNOWN		Address		Phone						
	Also Known As (Alias Names)		Hgt 509	Wgt 235	Hair BROWN	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 #	OLN	State NC	Misc. # and Type					
	Nearest Relative Name UNKNOWN		Address		Phone						
	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 175 BAIN ST. LILLINGTON						
ARREST INFO	Charge # 1 TRUE BILL OF INDICTMENT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2640	Offense Jurisdiction (If not arresting Agency)	Statute# 15A-305(B) (1)	Warr Date Mo Date Year 07/22/2019				
	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 07/23/2019 Hrs: 20:45	Place Confined HARNETT COUNTY JAIL		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 \$100,000.00	Trial Date 08/05/2016	Court of SUPERIOR	City LILLINGTON		Date/Time Released Hrs:				
Assisting Officer Name/ID Number		Released By Name/Dept/ID			Date/Time Released						
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"/>
COM-PLAIN-ANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 301 W. CORNELIUS HARNETT BLVD LILLINGTON NC 27546-				Phone:				
	HARNETT COUNTY COURTHOUSE										
NARRATIVE	ON THIS DATE AND TIME THE LISTED DEFENDANT WAS SERVED AND PROCESSED ON AN ORDER FOR ARREST / TRUE BILL OF INDICTMENT FOR TWO COUNTS OF ATTEMPTED 1ST DEGREE MURDER. THE DEFENDANT WENT BEFORE THE PRESIDING MAGISTRATE WHO ISSUED A SECURED BOND OF \$100,000.00. THE DEFENDANT WAS THEN PLACED INTO THE CUSTODY OF THE HARNETT COUNTY JAIL WITHOUT INCIDENT.										
STATUS	Arresting Officer Signature/ID # ELMORE SPENCER JOE SJE		Date/Time Submitted Mo Date Year 07/23/2019 Hrs: 21:00		Supervisor Signature						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed	Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest/No Supplement Needed <input type="checkbox"/> Arrest/No Investigation		Arrestee Signature							

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 07/23/2019 Hrs: 11:30		OCA 19004345
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1418NBA	Arrest Tract 1183	Residence Tract		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) CAMPBELL STACY IVEY		Age 40	Race W	Sex F	Place of Birth WAKE CO NC	Country of Citizenship US	
	Current Address 508 E STEWART ST COATS NC		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) STACY		Hgt 510	Wgt 210	Hair BROWN	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		<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 LILLINGTON		
	Charge # 1 CONTEMPT OF COURT PERJURY COURT VIOLATIONS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 8	DCI Code 2640	Offense Jurisdiction (If not arresting Agency)	Statute# 15A-543(B)	Warr Date Mo Date Year 07/22/2019
	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 07/23/2019 Hrs: 12:00		Place Confined HARNETT JAIL		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 \$20,000.00	Trial Date 07/24/2019	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: SUPERIOR COURT OF HARNETT		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: LILLINGTON		Phone:
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NARRATIVE

SUBJECT STACY IVEY CAMPBELL WAS SERVED ORDERS FOR ARREST FOR FAILURE TO APPEAR REFERENCE FELONY EMBEZZLEMENT. SHE WAS PLACED IN THE HARNETT DETENTION CENTER ON A \$20,000 SECURED BOND. FIRST APPEARANCE HEARING IS 07/24/2019 DISTRICT COURT HARNETT. NO NCIC DCI HIT. R HOLDER WAS MAGISTRATE.

STATUS	Arresting Officer Signature/ID # WOOD BENJAMIN LLOYD BLW		Date/Time Submitted Mo Date Year 04/23/2019 Hrs: 12:30	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	