



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

NEWS RELEASE

July 25, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 07/24/2019 Hrs: 07:07		OCA 19004360							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1431NBS	Arrest Tract 1183	Residence Tract	Arrest Number								
ARRESTEE INFORMATION	Name (Last, First, Middle) GULLEY CIERA DANN		D.O.B. Mo Date Year	Age 36	Race B	Sex F	Place of Birth NY	Country of Citizenship USA					
	Current Address 8440 CARTMAN DRIVE FAYETTEVILLE NC 28314-			Phone	Occupation MERCANTILE	<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 503	Wgt 115	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 TWO CROSSES TAT L BRST BREAST, LEFT 14		Social Security # 063-68-3475		OLN	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 175 BAIN STREET (MO LOBBY) LILLINGTON								
	Charge # 1 WELFARE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 002	DCI Code 1160	Offense Jurisdiction (If not arresting Agency)		Statute# 108A-53	Warr Date Mo Date Year 07/18/2019					
	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"/> 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 07/27/2019 Hrs: 07:30		Place Confined HCSO JAIL			Commission 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 \$10,000.00	Trial Date 07/24/2019	Court of HARNETT COUNTY		City LILLINGTON						
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:						
Status Codes	L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found (Check "OJ" column if recovered for other jurisdiction)												
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: JACKSON R S			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address:			Phone: 910-893-9111			
	NARRATIVE DEF CAME TO HCSO MAGISTRATE LOBBY TO SURRENDER SELF ON OUTSTANDING CHARGES. DEF WAS FOUND TO HAVE A WARRANT FOR ARREST FOR TWO COUNTS OF ILLEGAL POSSESSION / USE OF FOOD STAMPS DEF WAS SERVED, PROCESSED, AND PLACED INTO THE CUSTODY OF HCSO JAIL UNDER THE CONDITIONS OF RELEASE LISTED ABOVE.												
STATUS	Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR			Date/Time Submitted Mo Date Year 07/24/2019 Hrs: 07:16			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 07/23/2019 Hrs: 11:19		OCA 19003962						
	Taken Fingerprint Card Check Digit # (CKN)		Arrest Tract 1100		Residence Tract 1100		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) GETCHELL CHARITY ANN			DOB Mo Date Year		Age 36	Race W	Sex F	Place of Birth NC	Country of Citizenship US			
	Current Address 2328 DEWITT ST. SANFORD NC 27330-					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) CHARITY				Hgt 502	Wgt 110	Hair BLONDE	Eye BLUE	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		State NC		Misc. # and Type Driver's License				
	Nearest Relative Name UNKNOWN				Address				Phone				
	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest FAYETTEVILLE		<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant				
Charge # 1 BREAKING OR ENTERING		<input checked="" 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 07/09/2019					
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 07/09/2019					
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 07/09/2019					
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 07/09/2019 Hrs: 11:00		Place Confined CUMBERLAND COUNTY JAIL			Committing Magistrate UNKNOWN							
	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 07/24/2019	Court of HARNETT COUNTY		City LILLINGTON					
	Assisting Officer Name/ID Number				Released By Name/Dept/ID				Date/Time Released Hrs:				
Status Codes L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found (Check "OJ" column if recovered for other jurisdiction)													
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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> DET. M.E. WEAVER JR.				Address: 175 BAIN ST. LILLINGTON NC 27546-				Phone: 910-893-0268				
	<p>ON JULY 23RD, 2019, THE OFFICE OF THE HARNETT COUNTY SHERIFF WAS NOTIFIED BY ALLIED UNIVERSAL SPECIAL POLICE, IN FAYETTEVILLE, THAT MS. CHARITY ANN GETCHELL, 36, WAS ARRESTED FOR THE FOLLOWING OUTSTANDING CHARGES:</p> <p>I-BREAKING AND/OR ENTERING</p>												
STATUS	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE			Date/Time Submitted Mo Date Year 07/24/2019 Hrs: 05:17			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:
07/23/2019

CASE #:
19003962

II-LARCENY AFTER BREAK/ENTER

III-POSS STOLEN GOODS/PROP.

THESE CHARGES STEMMED FROM AN INVESTIGATION WHEREBY THE OFFICE OF THE HARNETT COUNTY SHERIFF WAS CONTACTED BY THE VICTIM ON JULY 5TH, 2019. THE VICTIM ACTUALLY OBSERVED MS. GETCHELL BREAK INTO HIS RESIDENCE THROUGH THE UTILIZATION OF A VIDEO SURVEILLANCE SYSTEM.

MS. GETCHELL WAS PROVIDED WITH A SECURED BOND OF \$5 000 00, AND REMOVED FROM THE NATIONAL CRIME INFORMATION CENTER (NCIC).

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 07/23/2019 Hrs: 11:17		OCA 19003000							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> Fingerprint Card Check Digit # (CKN) 1419NBT	Arrest Tract 1130	Residence Tract		Arrest Number 201907230008								
ARRESTEE INFORMATION	Name (Last, First, Middle) ENGLISH ALLISON MARIE		D.O.B. Mo Date Year	Age 36	Race W	Sex F	Place of Birth ORANGE CO	Country of Citizenship US					
	Current Address 69 NIGHT HERRON CT SANFORD NC 27332-		Phone	Occupation PROFESSIONAL		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident							
	Employer's Name		Phone										
	Also Known As (Alias Names)		Hgt 508	Wgt 200	Hair BLACK	Eye	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
	Scars, Marks, Tattoos TAT TATTOOS TAT L WRS INFINITY SYMBOL 79		Social Security #	State NC		Misc. # and Type							
Nearest Relative Name		Address											
ARREST INFO	If Armed, Type of Weapon		<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 HCSO DETENTION CENTER LILLINGTON								
	Charge # 1 FOOD STAMP FRAUD	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 1160	Offense Jurisdiction (If not arresting Agency)		Statute# 108A-53	Warr Date Mo Date Year 07/18/2019					
	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: 11:35		Place Confined HCSO										
	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 \$10000.00	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"/>
COMPLAINANT	Name: JACKSON R S		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN LILLINGTON NC 27546-			Phone: 910-893-0147					
	NARRATIVE Title: Probable Cause ON 07/23/2019 1135HRS. ALLISON ENGLISH WAS ARRESTED AND CHARGES WITH FOOD AND NUTRITION BENEFITS FRAUD. SHE WAS TAKEN BEFORE MAGISTRATE R. HOLDER AND PROCESSED TO INCLUDE FINGERPRINTING.												
STATUS	Arresting Officer Signature/ID # JACKSON RODNEY SHON RSJ			Date/Time Submitted Mo Date Year 07/18/2019 Hrs: 11:39		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							