



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

NEWS RELEASE

July 26, 2019

ARREST REPORT

| | | | | | | |
|--------------------|---|---|----------------------|--|---------------|-----------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 07/25/2019 Hrs: 08:17 | | OCA 19003000 |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1437NBR | Arrest Tract 1183 | Residence Tract 1171 | Arrest Number | |

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|--------------------|---|--|-----------|-----------|----------------------------|--|-------------------------------|
| INFORMATION | Name (Last, First, Middle) ELLIOTT SANDRA STEADMAN | | Age 44 | Race B | Sex F | Place of Birth NC | Country of Citizenship USA |
| | Current Address 3570 WALKER ROAD BUNNLEVEL NC 28323- | | Phone | | Occupation PROFESSIONAL | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident | |
| | Employer's Name | | Address | | Phone | | |

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|-----------------------------|-----------------------------|--|-------------------|------------|---------------|------------------|---------------------|---|
| ARRESTEE INFORMATION | Also Known As (Alias Names) | | Hgt 503 | Wgt 175 | 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 # | | 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 (HCSO JAIL LOBBY) LILLINGTON | | | |
| | Charge # 1 Welfare | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 003 | 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. | 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"/> | | | | | | |

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|---------------------------|---|--|-----------------------------|--------------------------|----------------------------|--------------------|----------------------------|
| CONFINED BOND INFO | Date/Time Confined 07/25/2019 Hrs: 08:22 | | Place Confined HCSO 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 \$10,000.00 | Trial Date 07/26/2019 | Court of HARNETT COUNTY | City LILLINGTON | |
| | Assisting Officer Name/ID Number | | | Released By Name/Dept/ID | | | Date/Time Released Hrs: |

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| 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"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|--------------------|----------------------|---|----------|------------------------|
| COMPLAINANT | Name: JACKSON R S | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | Address: | Phone: 910-893-9111 |
| | | | | |

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| NARRATIVE | DEF SURRENDERED SELF OF ABOVE LISTED CHARGE OF ILLEGAL POSSESSION OR USE OF FOOD STAMPS (3 COUNTS). DEF WAS SERVED, PROCESSED, AND PLACED INTO CUSTODY OF HCSO JAIL UNDER THE BOND LISTED ABOVE |
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| STATUS | Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR | | Date/Time Submitted Mo Date Year 07/25/2019 Hrs: 08:24 | Supervisor Signature |
| | Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed | Case Disposition: <input type="checkbox"/> Cleared By Arrest/No Supplement Needed <input checked="" type="checkbox"/> Arrest/No Investigation | | Arrestee Signature |

ARREST REPORT

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|---|---|---|---|---|--|--|--|---|---|------------------------|-----------|-----------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | | Date/Time of Arrest Mo Date Year 07/25/2019 Hrs: 12:46 | | OCA 19002887 | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1442NBJ | | Arrest Tract 1102 | | Residence Tract 1185 | | Arrest Number | | | | |
| INFORMATION | Name (Last, First, Middle) MATTHEWS JENNIFER WOOD | | | Age 34 | | Race W | Sex F | Place of Birth NC | Country of Citizenship US | | | |
| | Current Address 107 WILBERT LUCAS ROAD ERWIN NC 28339- | | | Phone | | Occupation LABORER | | <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown | <input type="checkbox"/> Non-Resident | | | |
| ARRESTEE INFORMATION | Employer's Name | | | | | | | | | | | |
| | Also Known As (Alias Names) | | | | | | | | | | | |
| | Hgt 504 | | Wgt 155 | | Hair SANDY | Eye BLUE | Skin Tone LIGHT | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | |
| | Scars, Marks, Tattoos | | | Social Security # IOLN | | State NC | Misc. # and Type Driver's 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 401 EAST BROAD STREET DUNN | | | | | |
| | Charge # 1 OBTAIN PROPERTY FALSE PRETENSE | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1120 | Offense Jurisdiction (If not arresting Agency) | | Statute# 14-100 | Warr Date Mo Date Year 05/22/2019 | | | |
| | 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 07/25/2019 Hrs: 12:46 | | 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 \$2,000.00 | | Trial Date 07/26/2019 | 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 |
| | | | | | | | | | | | | |
| COMPLAINANT | Name: REAGAN J E | | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address: 175 BAIN STREET LILLINGTON NC 27546- | | | Phone: 910-893-9111 | | |
| | NARRATIVE JULY 25, 2019 (THURSDAY) ON THIS DATE JENNIFER WOOD MATTHEWS WAS TAKEN INTO CUSTODY FOR AN OUTSTANDING WARRANT FROM HARNETT COUNTY. THESE CHARGES STEM FROM OCA 19002887 SHE WAS GIVEN A SECURED BOND OF \$2,000.00 AND A COURT DATE OF 07/26/2019. | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # REAGAN JAMES EDWARD JER | | | Date/Time Submitted Mo Date Year 07/25/2019 Hrs: 15:20 | | | Supervisor Signature | | | | | |
| | Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed | | Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest/No Supplement Needed <input type="checkbox"/> Arrest/No Investigation | | | Arrestee Signature | | | | | | |

ARREST REPORT

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|-----------------------------|---|---|--|---|--|--|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 07/25/2019 Hrs: 12:57 | | OCA 19004409 | | | | | |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 1447NBM | Arrest Tract 1143 | Residence Tract 1143 | | Arrest Number | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) ARMENDEZ RAYMOND | | D.O.B. Mo Date Year | Age 41 | Race W | Sex M | | | | | |
| | Current Address 506 MONTAGUE ROAD ANGIER NC 27501- | | 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 240 | Hair BLACK | Eye BROWN | Skin Tone LIGHT | | | | |
| | Scars, Marks, Tattoos | | Social Security # | | State NC | Misc. # and Type Driver's License | | | | | |
| 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 506 MONTAGUE ROAD ANGIER | | | | | | |
| | Charge # 1 FAILURE TO APPEAR ON FELONY | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 2640 | Offense Jurisdiction (If not arresting Agency) | | Statute# 15A-543(B) | | | | |
| | 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 07/25/2019 Hrs: 22:50 | | Place Confined HARNETT COUNTY DETENTION CENTER | | | | | | | | |
| | 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 07/30/2019 | 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) | | | | | | | | | | |
| 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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | Address: 301 WEST CORNEILUS HARNETT BLVD LILLINGTON NC 27546- | | | | Phone: | | | | |
| | STATE OF NC (HARNETT CO) | | | | | | | | | | |
| NARRATIVE | JULY 25, 2019 (THURSDAY) ON THIS DATE RAYMOND ARMENDEZ WAS TAKEN INTO CUSTODY FOR AN ORDER FOR ARREST OUT OF HARNETT COUNTY. HIS BOND WAS ALREADY SET AT \$20,000.00 BY A DISTRICT COURT JUDGE AND HE WAS GIVEN A COURT DATE OF 07/30/2019. | | | | | | | | | | |
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| STATUS | Arresting Officer Signature/ID # REAGAN JAMES EDWARD JER | | Date/Time Submitted Mo Date Year 07/25/2019 Hrs: 22:51 | | 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 | | | | | | | |