



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

NEWS RELEASE

June 17, 2020

ARREST REPORT Clear NCIC

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 05/28/2020 Hrs: 20:13		OCA 18005332						
	Taken Prints <input type="checkbox"/> Photos <input type="checkbox"/>	Fingerprint Card Check Digit # (CKN)		Arrest Tract 1100	Residence Tract 1100	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) TYLER THOMAS ALSTON JAMES			D.O.B.	Age 30	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 358 SWINSON ROAD MAPEL HILL NC 28454-			Phone	Occupation UNKNOWN OR NOT STATED		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Non-Resident				
	Employer's Name			Address			Phone					
	Also Known As(Alias Names) THOMAS AUSTIN TYLER			Hgt 56	Wgt	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 #		State NC	Misc. # and Type					
	Nearest Relative Name			Address			Phone					
ARREST INFO	If Armed, Type of Weapon 99		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons	Place of Arrest 358 SWINSON ROAD MAPEL HILL								
			<input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant									
	Charge # 1 BREAKING AND OR ENTERING	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(A)	Warr Date Mo Date Year 11/27/2018				
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)	Warr Date Mo Date Year 11/27/2018				
Charge # 3 POSSESSION OF STOLEN GOODS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 11/27/2018					
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 05/28/2020 Hrs: 20:13		Place Confined ONSLow COUNTY DETENTION CENTER			Committing Magistrate R CARPENTER						
	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 06/23/2020	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"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COM-PLAINANT	Name: DOWDY D W			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-0153		
	NARRATIVE ON 05/28/2020 ONSLOW COUNTY SHERIFFS OFFICE ARRESTED THOMAS ALSTON JAMES TYLER AT 358 SWINSON ROAD MAPLE HILL NC. THOMAS WAS TRANSPORTED TO THE ONSLOW COUNTY DETENTION CENTER WHEREBY HE WAS SERVED WITH ONE HARNETT COUNTY WARRANT FOR ARREST FOR BREAKING AND OR ENTERING, LARCENY AFTER BREAK/ENTER AND POSSESSION OF STOLEN GOODS/PROPERTY 18CR 054281 THOMAS NEEDS TO BE REMOVED FROM NCIC UPON COMPLETION OF THIS REPORT.											
STATUS	Arresting Officer Signature/ID # DOWDY DAVID WILSON DWD			Date/Time Submitted Mo Date Year 06/16/2020 Hrs: 09:15		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 06/14/2020 Hrs: 03:36		OCA 20001101						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) NOT FINGERPRINTED BY LAW ENFOR		Arrest Tract 10		Residence Tract 10		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) MCCALL ALYSIA NICOLE			D.O.B. Mo Date Year		Age 24	Race B	Sex F	Place of Birth UNK		Country of Citizenship US		
	Current Address 2212 BRAGG BLVD A FAYETTEVILLE NC 28303-					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 411	Wgt 115	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	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 UNK				Address				Phone				
ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons		Place of Arrest 112 FONTANA ST CLINTON NC		<input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant						
	Charge # 1 LARCENY FROM A MERCHANT >\$200 EXIT		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (if not arresting Agency)		Statute# 14-72.11(2)	Warr Date Mo Date Year 04/23/2020				
	Charge # 2 POSSESSION OF STOLEN GOODS		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 280	Offense Jurisdiction (if not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 04/23/2020				
	Charge # 3 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 04/23/2020				
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 06/14/2020 Hrs: 03:36		Place Confined SCDC		Committing Magistrate CORTES								
	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 06/16/2020		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
								<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: JB TEASLEY Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-0155				
	*****EASTSIDE BUSINESS*****USE TO CLEAR NCIC WANTED***** MS MCCALL WAS ARRESTED BY THE SAMPSON CO SO FOR AN INCIDENT THAT OCCURRED AT A BUSINESS IN HARNETT COUNTY EARLIER IN THE YEAR. BOND:\$10000.00/SECURE												
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 06/16/2020 Hrs: 14:14			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 06/17/2020 Hrs: 02:05		OCA 20003434						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4418NBC	Arrest Tract 1176	Residence Tract 1176		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) QUINONES TONY		D.O.B.	Age 47	Race I	Sex M	Place of Birth RALEIGH, NC	Country of Citizenship US				
	Current Address 156 MACK DR LILLINGTON NC 27546-			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 605	Wgt 240	Hair BLACK	Eye UNKNOWN	Skin Tone LIGHT	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos					State NC	Misc. # and Type Driver's C License					
Nearest Relative Name			Address			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 156 MACK RD LILLINGTON							
	Charge # 1 HABITUAL MISDEMEANOR ASSAULT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 13B	Offense Jurisdiction (If not arresting Agency)		Statute# 14-33.2	Warr Date Mo Date Year 06/17/2020				
	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 06/17/2020 Hrs:02:30		Place Confined HARNETT COUNTY DETENTION CNETER			Committing Magistrate T. SMITH						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other		Amt. Bond \$0.00		Trial Date 06/17/2020	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: HALEY D			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111		
	NARRATIVE ON 06/17/2020 I DEPUTY HALEY WAS DISPATCHED TO CENTRAL HARNETT HOSPITAL TO SERVE TONY QUINONES (SUSPECT) AN OUTSTANDING WARRANT FOR ARREST, OUT OF HARNETT COUNTY, FOR HABITUAL MISD ASSAULT. QUINONES WAS TAKEN INTO CUSTODY WITHOUT INCIDENT. HE WAS HANDCUFFED IN THE FRONT TO PREVENT FURTHER INJURY ON HIS FRESH WOUNDS. QUINONES WAS SEARCHED AND PLACED IN THE REAR OF MY PATROL VEHICLE. MY VEHICLE WAS SEARCHED PRIOR											
STATUS	Arresting Officer Signature/ID # HALEY DAMON MATTHEW DMHA			Date/Time Submitted Mo Date Year 06/17/2020 Hrs:03:00			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					

ADDITIONAL NARRATIVE

AGENCY:
HARNETT COUNTY SHERIFFS OFFICE

ORI #:
NC0430000

Date/Time On Scene:
06/17/2020

CASE #:
20003434

HIS ARREST AND AFTER HIS RELEASE. QUINONES WAS TAKEN BEFORE THE MAGISTRATE WHERE HE WAS GIVEN A NO 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 06/16/2020 Hrs: 22:57		OCA 20003435						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4417N8G	Arrest Tract 1183	Residence Tract 1183	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) BYRD ROBERT LEE		D.O.B. Mo Date Year	Age 33	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 175 BAIN ST LILLINGTON NC			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 510	Wgt 155	Hair BLACK	Eye BROWN	Skin Tone FAR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos						State NC	Misc. # and Type				
Nearest Relative Name			Address			Phone						
ARREST INFO	If Armed, Type of Weapon 40		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 175 BAIN ST LILLINGTON							
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant							
	Charge # 1 MALICIOUS CONDUCT BY A PRISONER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-258.4	Warr Date Mo Date Year 06/17/2020				
	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 06/17/2020 Hrs: 01:00		Place Confined HARNETT COUNTY JAIL			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 \$50,000.00		Trial Date 06/17/2020	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: SGT PITTMAN M			Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-0257		
	NARRATIVE ON 06-17-2020, I RESPONDED TO THE HARNETT COUNTY JAIL REFERENCE TO AN ASSAULT ON AN OFFICER AT THE JAIL I GAVE TESTIMONY TO HARNETT COUNTY MAGISTRATE T SMITH AND OBTAINED A WARRANT FOR ARREST ON THE ABOVE LISTED CHARGE SAME WAS PROCESSED AND CLEARED NCAWARE.											
STATUS	Arresting Officer Signature/ID # BRITT MICHAEL RUDOLPH MRB			Date/Time Submitted Mo Date Year 06/17/2020 Hrs: 01:05			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					