



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

***NEWS RELEASE***

***June 28, 2019***

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 06/27/2019 Hrs: 11:54		OCA 19003780						
	Taken <input checked="" type="checkbox"/> Fingerprint Card Check Digit # (CKN) Prints <input checked="" type="checkbox"/> 1151NBD Photos <input checked="" type="checkbox"/>		Arrest Tract 1183		Residence Tract 1156		Arrest Number						
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) LUCAS ROBERT ELDEN			D O B Mo Date Year		Age 43	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 122 ASH STREET COATS NC 27521-0000				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 215	Hair OTHER	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					
Nearest Relative Name			Address				Phone						
<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<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 POSSESS METHAMPHETAMINE		<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 06/11/2019				
	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				
<b>VEH. INFO.</b>	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"/>												
<b>CONFINED BOND INFO</b>	Date/Time Confined 06/27/2019 Hrs: 12:00		Place Confined HARNETT CO 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		Trial Date 06/28/2019	Court of HARNETT		City LILLINGTON					
	Assisting Officer Name/ID Number			Released By Name/Dept/ID				Date/Time Released Hrs:					
<b>DRUGS AT ARREST</b>	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
<b>COMPLAINANT</b>	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 237 NORTH MCKINLEY ST COATS NC 27521-0000				Phone: 910-893-9111				
	Name: COATS POLICE DEPARTMENT												
<b>NARRATIVE</b>	ON 06/27/2019, SUSPECT TURN HIMSELF INTO THE HARNETT CO SHERIFF OFFICE FOR A N OUTSTANDING WARRANT. SEE 19 CR052117												
<b>STATUS</b>	Arresting Officer Signature/ID # JOHNSON BRIAN OKELLY BOJ			Date/Time Submitted Mo Date Year 06/27/2019 Hrs: 12:06		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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 06/27/2019 Hrs: 21:50		OCA 19003794
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1158NBV	Arrest Tract 1183	Residence Tract 1159		Arrest Number 201906270008

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) CORE JOSHUA DAVID		D.O.B. Mo Date Year	Age 34	Race W	Sex M	Place of Birth NC	Country of Citizenship USA	
	Current Address 107 MASON DRIVE ERWIN NC 28339-			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) JOSH			Hgt 510	Wgt 190	Hair	Eye GREEN	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos			Serial Security #	DOB	State NC	Misc. # and Type		

<b>ARREST INFO</b>	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			
	Charge # 1 BREAKING/ENTERING AND LARCENY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0510	Offense Jurisdiction (If not arresting Agency) CUMBERLAND		Statute# 14-54	Warr Date Mo Date Year 06/05/2019
	Charge # 2 POSSESSION OF BURGLARY TOOLS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (If not arresting agency) CUMBERLAND		Statute# 14-55	Warr Date Mo Date Year 06/05/2019
	Charge # 3 FELONY CONSPIRACY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2690	Offense Jurisdiction (If not arresting agency) CUMBERLAND		Statute# 14-2.4(A)	Warr Date Mo Date Year 06/05/2019

<b>VEH. INFO.</b>	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"/>						

<b>CONFINED BOND INFO</b>	Date/Time Confined 06/27/2019 Hrs:22:20		Place Confined HARNETT LEC		Committing Magistrate		
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Amt. Bond \$35,000.00		Trial Date 07/19/2019		Court of DISTRICT
	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)

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"/>

<b>COMPLAINANT</b>	Name: STATE OF NC		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 117 DICKS ST. FAYETTEVILLE NC 28301-		Phone:
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<b>NARRATIVE</b>	6/27/2019
	ON 6/27/2019, THIS DETECTIVE ARRESTED JOSHUA DAVID CORE ON ONE ORDER FOR ARREST FROM CUMBERLAND COUNTY. MR. CORE RECEIVED A \$35,000 SECURED BOND.  BMB

<b>STATUS</b>	Arresting Officer Signature/ID # BYRD BRADLEY MICHAEL BMB		Date/Time Submitted Mo Date Year 06/27/2019 Hrs:22:20	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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 06/28/2019 Hrs: 21:06		OCA 19003795					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1157NBC		Arrest Tract 1183		Residence Tract 1100		Arrest Number				
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) JOYNER JAMES LAFRANCE				Age 30	Race B	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 227 SOUTH CONNER CIRCLE SPRING LAKE NC 28390-				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 508	Wgt 190	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				Social Security # IOLN		State NC	Misc. # and Type Driver's License				
	Nearest Relative Name				Address				Phone			
<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 175 BAIN STREET LILLINGTON							
	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)	Warr Date Mo Date Year 06/03/2019			
	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			
<b>VEH. INFO.</b>	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"/>											
<b>CONFINED BOND INFO</b>	Date/Time Confined 06/27/2019 Hrs:21:45		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input checked="" type="checkbox"/> Other		Amt. Bond \$25,000.00		Trial Date 07/12/2019	Court of DISTRICT		City CUMBERLAND				
Assisting Officer Name/ID Number			Released By Name/Dept/ID				Date/Time Released Hrs:					
<b>DRUGS AT ARREST</b>	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"/>
<b>COM-PLAINANT</b>	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 117 DICK STREET FAYETTEVILLE NC				Phone: 910-475-3000			
	Name: STATE OF NC (CUMBERLAND CO)											
<b>NARRATIVE</b>	JUNE 27, 2019 (THURSDAY) ON THIS DATE JAMES JOYNER WAS TAKEN INTO CUSTODY FOR AN OUTSTANDING ORDER FOR ARREST FROM CUMBERLAND COUNTY. BAIL WAS ALREADY SET FOR \$25,000.00 AND WAS GIVEN A COURT DATE OF JULY 12, 2019.											
<b>STATUS</b>	Arresting Officer Signature/ID # REAGAN JAMES EDWARD JER				Date/Time Submitted Mo Date Year 06/27/2019 Hrs:21:46		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					