



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

NEWS RELEASE

June 5, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 06/04/2020 Hrs: 16:32		OCA 203232						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4341NBV		Arrest Tract 1111		Residence Tract 1111		Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) GODDEN JASON				Age 39	Race W	Sex M	Place of Birth NJ	Country of Citizenship US				
	Current Address 24 SOPHIA LN SANFORD NC 27332-					Occupation SELF EMPLOYED		<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 509	Wgt 180	Hair BROWN	Eye HAZEL	Skin Tone LIGHT				
	Scars, Marks, Tattoos				Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	State NC	Misc. # and Type						
Nearest Relative Name BIDDY HAMILTON				Address 24 SOPHIA LN SANFORD NC 27332-									
ARREST INFO	If Armed, Type of Weapon 99		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 19805 NC 24 W CAMERON							
	Charge # 1 POSSESS METHAMPHETAMINE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(A)(3)	Warr Date Mo Date Year 06/04/2020				
	Charge # 2 DRIVING WHILE LICENSE REVOKED		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting agency)		Statute# 20-28(A)	Warr Date Mo Date Year 06/04/2020				
	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 06/04/2020 Hrs: 16:26		Place Confined HARNETT COUNTY DETENTION CENTER				Committing Magistrate D. WILLIAMS						
	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 06/05/2020	Court of DISTRICT		City LILLINGTON					
Assisting Officer Name/ID Number KNIGHT JOHN CUMMINGS JCK			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					
	L	6	1	GM	AMPHETAMINES/METHAMPHETAMINES L			<input checked="" type="checkbox"/> Possess	<input type="checkbox"/> Buy	<input type="checkbox"/> Sale	<input type="checkbox"/> Mfg.	<input type="checkbox"/> Importing	<input type="checkbox"/> Operating
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COM-PLAIN-ANT	Name: NAQWE S Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27526-				Phone: 910-893-9111				
	<p>NARRATIVE</p> <p>ON 06/04/2020 AT APPROXIMATELY 1632 HOURS I, DEPUTY NAQWE, ARRESTED JASON GODDEN DOB 01/11/1981 FOR TWO WARRANTS OUT OF HARNETT COUNTY. ONE WARRANT WAS FOR FELONY POSSESSION OF METHAMPHETAMINE AND THE OTHER FOR DWLR. AFTER ARRESTING GODDEN I TRANSPORTED HIM TO THE HARNETT COUNTY DETENTION CENTER WHERE HE WAS PROCESSED AND RELEASED INTO THE CUSTODY OF THE HARNETT COUNTY DETENTION STAFF.</p>												
STATUS	Arresting Officer Signature/ID # NAQWE SAYED IRSHAD SIN			Date/Time Submitted Mo Date Year 06/04/2020 Hrs: 17:00		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							

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 06/05/2020 Hrs: 01:16		OCA 20003240	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4345NBF	Arrest Tract 1109	Residence Tract 1109		Arrest Number 1	
ARRESTEE INFORMATION	Name (Last, First, Middle) PRINGLER CAVON		Age 18	Race B	Sex M	Place of Birth	
	Current Address 97 LINGLEY CT CAMERON NC 28326-		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 507	Wgt 130	Hair BLACK	Eye BROWN	Skin Tone
	Scars, Marks, Tattoos		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
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 976 NC 24-87 CAMERON		
	Charge # 1 OBTAIN PROPERTY FALSE PRETENSE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 26A	Offense Jurisdiction (If not arresting Agency)	Statute# 14-100 Warr Date Mo Date Year 06/04/2020	
	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 06/04/2020	
	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	
	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 06/05/2020 Hrs: 01:30		Place Confined HARNETT COUNTY DETENTION CENTER		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 \$5,000.00		Trial Date 06/05/2020	Court of HARNETT	City LILLINGTON	
STATUS CODES	Assisting Officer Name/ID Number						Released By Name/Dept/ID
							Date/Time Released Hrs:
DRUGS AT ARREST	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	
COMPLAINANT	Name: TEASLEY J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 28546-		
					Phone: 910-893-9111		
NARRATIVE	ON 06-05-2020 I DEPUTY COLLINSWORTH WAS DISPATCHED AND RESPONDED TO LINDEN OAKS (MILITARY HOUSING) FOR AN INDIVIDUAL WITH OUTSTANDING WARRANTS OUT OF HARNETT COUNTY. I ARRIVED AND MADE CONTACT WITH A MR. CAVON PRINGLER, I TOOK MR. PRINGLER INTO CUSTODY AND BROUGHT HIS BEFORE THE MAGISTRATE. THE MAGISTRATE ISSUED A \$5000 SECURED BOND. MR. PRINGLER WAS PROCESSED AND TURNED OVER TO THE JAIL STAFF.						
STATUS	Arresting Officer Signature/ID # COLLINSWORTH JAMES JNC		Date/Time Submitted Mo Date Year 06/05/2020 Hrs: 02:27		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		