



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

***NEWS RELEASE***

***March 10, 2020***

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 02/25/2020 Hrs: 16:39		OCA 19006649						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 4857PNB		Arrest Tract 1100		Residence Tract 1120		Arrest Number					
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) KOBBERGER STANLEY DEWAYNE OLAF			D.O.B. Mo Date Year		Age 27	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 156 ALAN PARKER CIR. 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) UNKNOWN			Hgt 502	Wgt 180	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 Driver's License				
	Nearest Relative Name N/A			Address				Phone					
<b>ARREST INFO</b>	If Armed, Type of Weapon 95		<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 CUMBERLAND COUNTY								
	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 12/19/2019				
	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 02/25/2020 Hrs: 16:30		Place Confined CUMBERLAND COUNTY JAIL				Committing Magistrate STEVE DOSS						
	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 03/24/2020		Court of HARNETT COUNTY		City LILLINGTON				
	Assisting Officer Name/ID Number				Released By Name/Dept/ID				Date/Time Released Hrs:				
<b>Status Codes</b>	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)												
<b>DRUGS AT ARREST</b>	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: M.E. WEAVER JR. 175 BAIN ST. LILLINGTON NC 27546-				Phone: 910-893-0268					
	<b>NARRATIVE</b> FEBRUARY 25TH, 2020:  ON FEBRUARY 25TH, 2020, CUMBERLAND COUNTY AUTHORITIES ARRESTED MR STANLEY DEWAYNE OLAF KOBBERGER, 27, OF SPRING-LAKE, FOR THE FOLLOWING:  I (F) OBTAIN PROPERTY FALSE PRETENSE (N.C.G.S. 14-100)												
<b>STATUS</b>	Arresting Officer Signature/ID # WEAVER MICHAEL EVAN MEWE			Date/Time Submitted Mo Date Year 03/09/2020 Hrs: 11:28		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:  
02/25/2020

CASE #:  
19006649

THAT PARTICULAR CHARGE STEMMED FROM AN INVESTIGATION WHEREBY THE OFFICE OF THE HARNETT COUNTY SHERIFF PROVIDED INVESTIGATIVE SERVICES FOR THAT OF A "FRAUD" INVESTIGATION.

MR. KOBERGER SHOULD BE REMOVED FROM THE NATIONAL CRIME INFORMATION CENTER (NCIC) SYSTEM AS "WANTED".

REPORTING OFFICER

ID

APPROVING SUPERVISOR

ID

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year Hrs:		OCA 19007209						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 9657KSG		Arrest Tract 10		Residence Tract 1107		Arrest Number					
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) BOONE DOMINQUE NICOLE			D.O.B. Mo Date Year		Age 28	Race B	Sex F	Place of Birth RALEIGH	Country of Citizenship US			
	Current Address 213 CASTLE WOOD SANFORD NC 27332-			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 509	Wgt 185	Hair BLACK	Eye BROWN	Skin Tone DBR	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 BARBARA BOONE MOM			Address 213 CASTLEWOOD SANFORD NC 27332-			Phone						
<b>ARREST INFO</b>	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 type="checkbox"/> Warrant		Place of Arrest 3301 HAMMOND RD RALEIGH								
	Charge # 1 BURGLARY/BREAKING AND ENTERING		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54	Warr Date Mo Date Year 02/10/2020				
	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 02/10/2020				
	Charge # 3 STOLEN PROPERTY OFFENSES (RECEIVING, ETC.)		<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 02/10/2020				
<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 02/13/2020 Hrs: 13:30		Place Confined WCDC			Committing Magistrate POWE							
	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 02/18/2020	Court of 9999		City LILLINGTON					
	Assisting Officer Name/ID Number			Released By Name/Dept/ID				Date/Time Released Hrs:					
<b>Status Codes</b>	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)												
<b>DRUGS AT ARREST</b>	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: JB TEASLEY, DETECTIVE, HCSO				Phone: 175 BAIN ST LILLINGTON NC 27546- 910-893-0155					
	<b>*****BUSINESS 87 CORRIDOR*****USE TO CLEAR NCIC*****</b> <b>MS BOONE WAS SERVED THIS AND OTHER WARRANTS AT THE WAKE COUNTY DETENTION CENTER AFTER BEING ARRESTED FOR A LARCENY CHARGE. BOND: \$50,000/SECURE</b>												
<b>STATUS</b>	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 03/09/2020 Hrs: 11:14		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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year Hrs:		OCA 2000232						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 9657KSG		Arrest Tract 10		Residence Tract 1107		Arrest Number					
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) BOONE DOMINQUE NICOLE			D.O.B. Mo Date Year		Age 28	Race B	Sex F	Place of Birth RALEIGH	Country of Citizenship US			
	Current Address 213 CASTLE WOOD SANFORD NC 27332-			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 509	Wgt 185	Hair BLACK	Eye BROWN	Skin Tone DBR	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 BARBARA BOONE MOM			Address 213 CASTLEWOOD SANFORD NC 27332-			Phone						
<b>ARREST INFO</b>	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 3301 HAMMOND RD RALEIGH								
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input type="checkbox"/> Warrant								
	Charge # 1 BURGLARY/BREAKING AND ENTERING		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 220	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54	Warr Date Mo Date Year 02/10/2020				
	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 02/10/2020				
Charge # 3 STOLEN PROPERTY OFFENSES (RECEIVING, ETC.)		<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 02/10/2020					
<b>VEH. INFO.</b>	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"/>												
<b>CONFINED BOND INFO</b>	Date/Time Confined 02/13/2020 Hrs: 13:30		Place Confined WCDC			Committing Magistrate POWE							
	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 02/18/2020	Court of 9999		City LILLINGTON					
	Assisting Officer Name/ID Number			Released By Name/Dept/ID				Date/Time Released Hrs:					
<b>Status Codes</b>	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)												
<b>DRUGS AT ARREST</b>	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"/>
<b>COMPLAINANT</b>	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-0155					
	*****BUSINESS 87 CORRIDOR*****USE TO CLEAR NCIC***** MS BOONE WAS SERVED THIS AND OTHER WARRANTS AT THE WAKE COUNTY DETENTION CENTER AFTER BEING ARRESTED FOR A LARCENY CHARGE. BOND: \$50,000/SECURE												
<b>STATUS</b>	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 03/09/2020 Hrs: 11:14		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

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 03/09/2020 Hrs: 10:42		OCA 20001492						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3757NBV	Arrest Tract 1183	Residence Tract		Arrest Number						
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) JOHNSON RONALD JACOB			Age 35	Race W	Sex M	Place of Birth NC	Country of Citizenship USA				
	Current Address 2904 ROSSER PITTMAN ROAD BROADWAY NC 27505-			Occupation LABORER	<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 511	Wgt 150	Hair BROWN	Eye HAZEL	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 VANESSA PARSONS - MOTHER		Address										
<b>ARREST INFO</b>	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 ST LILLINGTON							
	Charge # 1 FRAUD - IDENTITY THEFT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 006	DCI Code 26F	Offense Jurisdiction (If not arresting Agency) JOHNSTON COUNTY	Statute# 14-113.20	Warr Date Mo Date Year 03/06/2020					
	Charge # 2 FALSE PRETENSE/SWINDLE/CONFIDENCE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 006	DCI Code 26A	Offense Jurisdiction (If not arresting agency) JOHNSTON COUNTY	Statute# 14-100	Warr Date Mo Date Year 03/06/2020					
	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					
<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 03/09/2020 Hrs: 11:00		Place Confined HCSSO JAIL		Committing Magistrate R HOLDER							
	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 \$100,000.00	Trial Date 03/11/2020	Court of JOHNSTON COUNTY	City SMITHFIELD						
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:					
<b>Status Codes</b>	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)											
<b>DRUGS AT ARREST</b>	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"/>
<b>COMPLAINANT</b>	Name: HARRELL JL JR		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address:			Phone:				
	<b>NARRATIVE</b> DEF CAME TO HCSSO TO SURRENDER ON OUTSTANDING CHARGES OUT OF JOHNSTON COUNTY. DEF WAS SERVED AND PROCESSED FOR CHARGES OF IDENTITY THEFT AND OBTAINING PROPERTY BY FALSE PRETENSES AND PLACED INTO CUSTODY OF HCSSO JAIL UNDER THE BOND LISTED ABOVE.											
<b>STATUS</b>	Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR		Date/Time Submitted Mo Date Year 03/09/2020 Hrs: 11:00		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 03/09/2020 Hrs: 10:54		OCA 20001493						
	Taken <input checked="" type="checkbox"/> Fingerprint Card Check Digit # (CKN) Prints <input checked="" type="checkbox"/> 3758NBR Photos <input checked="" type="checkbox"/>		Arrest Tract 1183		Residence Tract		Arrest Number						
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) WOOD MARK ANTHONY JR				Age 35	Race W	Sex M	Place of Birth NC	Country of Citizenship US				
	Current Address 141 CAPITAL HILL DR LILLINGTON NC 27546-				Occupation LABORER		<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 170	Hair BROWN	Eye BROWN	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos				State NC	Misc. # and Type							
<b>ARREST INFO</b>	If Armed, Type of Weapon		<input type="checkbox"/> On-View Order for Arrest		<input type="checkbox"/> Criminal Summons Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest 175 BAIN ST LILLINGTON						
	Charge # 1 FRAUD - IDENTITY THEFT		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 001	DCI Code 26F	Offense Jurisdiction (If not arresting Agency) JOHNSTON COUNTY		Statute# 14-113.20	Warr Date Mo Date Year 03/06/2020				
	Charge # 2 FALSE PRETENSE/SWINDLE/CONFIDENCE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 001	DCI Code 26A	Offense Jurisdiction (If not arresting agency)		Statute# 14-100	Warr Date Mo Date Year 03/06/2020				
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					
<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 03/09/2020 Hrs: 11:30		Place Confined HCSO JAIL			Committing Magistrate R HOLDER							
	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 \$25,000.00		Trial Date 03/11/2020	Court of JOHNSTON COUNTY		City SMITHFIELD					
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:						
<b>Status Codes</b>	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)												
<b>DRUGS AT ARREST</b>	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: HARRELL JL		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address:				Phone:				
	<b>NARRATIVE</b> DEF CAME TO HCSO TO SURRENDER ON OUTSTANDING WARRANT FOR ARREST FOR THE CHARGES OF IDENTITY THEFT AND OBTAINING PROPERTY BY FALSE PRETENSE OUT OF JOHNSTON COUNTY. DEF WAS SERVED, PROCESSED, AND PLACED INTO CUSTODY OF HCSO JAIL UNDER BOND LISTED ABOVE												
<b>STATUS</b>	Arresting Officer Signature/ID # ROSE BENJAMIN BOYD BBR			Date/Time Submitted Mo Date Year 03/09/2020 Hrs: 11:30		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							