



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

NEWS RELEASE

March 2, 2020

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/27/2020 Hrs: 15:36		OCA 20001262					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3632NBL	Arrest Tract 1183	Residence Tract 1100	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) JR, MONROE ARTEMUS		DOB	Age 38	Race B	Sex M	Place of Birth ITALY	Country of Citizenship US			
	Current Address 731 TAMARACK DRIVE FAYETTEVILLE NC			Occupation SELF EMPLOYED	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Resident				
	Employer's Name SELF-EMPLOYED		Address		Phone						
	Also Known As (Alias Names)				Hgt 57	Wgt 220	Hair BLACK	Eye BROWN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
	Scars, Marks, Tattoos TATTOOES ON BOTH HANDS		Social Security #	DOB	State NC	Misc. # and Type					
	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 type="checkbox"/> Warrant	Place of Arrest 175 BAIN STREET LILLINGTON						
	Charge # 1 CONSPIRE TRAFFIC METHAMPHETAMINE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (if not arresting Agency)		Statute# 90-95(l)	Warr Date Mo Date Year 01/27/2020		
	Charge # 2 PWMSD 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)(1)	Warr Date Mo Date Year 01/27/2020		
	Charge # 3 SELL METHAMPHETAMINE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 3	DCI Code 35A	Offense Jurisdiction (if not arresting agency)		Statute# 90-95(A)(1)	Warr Date Mo Date Year 01/27/2020		
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 02/27/2020 Hrs: 15:40		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 \$250,000.00		Trial Date 02/28/2020	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: KNIGHT JOHN		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN STREET LILLINGTON NC			Phone: 910-893-9111			
	NARRATIVE ARTEMUS MONROE JR WAS ARRESTED FPR LISTED CHARGES. HE WAS PLACED IN THE HARNETT COUNTY JAIL UNDER A \$250,000.00 BOND.										
STATUS	Arresting Officer Signature/ID # KNIGHT JOHN CUMMINGS JCK			Date/Time Submitted Mo Date Year 02/27/2020 Hrs: 15:45		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 02/27/2020 Hrs: 17:49		OCA 20001266						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 3636NBS	Arrest Tract 1124	Residence Tract 10	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) SMITH BRIANNA		DOB Mo Date Year	Age 20	Race W	Sex F	Place of Birth NC	Country of Citizenship US				
	Current Address 241 LEE LOOP RD CAMERON NC 28326-		Phone	Occupation UNEMPLOYED		<input type="checkbox"/> Resident	<input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident				
	Employer's Name		Address		Phone							
	Also Known As (Alias Names)		Hgt 505	Wgt 165	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		Social Security #		State NC	Misc. # and Type						
	Nearest Relative Name		Address		Phone							
ARREST INFO	If Armed, Type of Weapon		<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 7071 US 421 N LILLINGTON							
	Charge # 1 REMOVE/DEST/DEACT/COMP	<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 02/27/2020				
	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 02/27/2020 Hrs: 20:00		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate R. ROMERO						
	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 \$1,000.00	Trial Date 02/28/2020	Court of DISTRICT		City LILLINGTON					
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:					
DRUGS AT ARREST	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"/>
COM-PLAIN-ANT	Name: ALLEN M J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE ON 02-27-2020 A FEMALE SUBJECT WAS ARREST ON VIEW FOR REMOVING A SECURITY DEVICE THAT WAS ON PROPERTY BELONGING TO FAMILY DOLLAR.											
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA			Date/Time Submitted Mo Date Year 02/27/2020 Hrs: 20:25		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 02/27/2020 Hrs: 19:05		OCA 20001266						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3639NGB	Arrest Tract 1124	Residence Tract 1100	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) AVELLANEDA OSBALDO		D.O.B. Mo Date Year	Age 24	Race W	Sex M	Place of Birth TEXAS	Country of Citizenship US				
	Current Address 715 LAWRENCE ST. SANFORD NC 27330-		Phone	Occupation UNEMPLOYED		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Non-Resident						
	Employer's Name		Address		Phone							
	Also Known As (Alias Names)		Hgt 505	Wgt 130	Hair BLACK	Eye BROWN	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 AVELLANEDA, GLORIA (MOTHER)		Address 715 LAWRENCE ST. SANFORD NC 27330-		Phone								
ARREST INFO	If Armed, Type of Weapon 97		<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 7071 US 421 N. LILLINGTON							
	Charge # 1 PWMSD SCH II CS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(A)(1)	Warr Date Mo Date Year 02/27/2020				
	Charge # 2 DRUG/NARCOTIC VIOLATIONS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(A)(1)	Warr Date Mo Date Year 02/27/2020				
	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 02/27/2020 Hrs: 20:45		Place Confined HARNETT COUNTY JAIL		Committing Magistrate D. MCLEAN							
	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 02/28/2020		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: ALLEN M. J.		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST. LILLINGTON NC 27546-			Phone: 910-893-9111				
	NARRATIVE ON THIS DATE AND TIME DEPUTY ALLEN ARRESTED THE LISTED DEFENDANT AND CHARGED HIM WITH PWMSD SCHEDULE II CONTROL SUBSTANCE (2 GRAMS OF METH). PWMSD SCHEDULE III CONTROL SUBSTANCE (.5 GRAMS OF SABOXINE), AND CONSPIRACY TO COMMIT MISDEMEANOR LARCENY. THE DEFENDANT WAS PROCESSED ON THESE CHARGES AND PRESENTED TO THE MAGISTRATE, D. MCLEAN WHO ISSUED A SECURED BOND OF \$50,000.00 AND A COURT DATE ON FEBRUARY 28, 2020. THE DEFENDANT WAS CLEAR NCIC AND NCAWARE AND THEN PLACED INTO THE CUSTODY OF THE HARNETT											
STATUS	Arresting Officer Signature/ID # ELMORE SPENCER JOE SJE		Date/Time Submitted Mo Date Year 02/27/2020 Hrs: 21:00		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: 02/27/2020	CASE #: 20001266
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COUNTY JAIL

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 03/01/2020 Hrs: 14:24	OCA 19007395
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3677NBR	Arrest Tract 1186	Residence Tract 1186

ARRESTEE INFORMATION	Name (Last, First, Middle) NORFORD JOSEPH MANNIE	D.O.B. Mo Date Year	Age 54	Race W	Sex M	Place of Birth VA	Country of Citizenship US	
	Current Address 51 CINNAMON LN. 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)	Hgt 600	Wgt 205	Hair GREY	Eye BROWN	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				

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 51 CINNAMON LN. ERWIN			
	Charge # 1 BURNING PERSONAL PROPERTY	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 200	Offense Jurisdiction (If not arresting Agency)	Statute# 14-66	Warr Date Mo Date Year 03/02/2020
	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 03/01/2020 Hrs: 15:20	Place Confined HARNETT COUNTY 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 \$20,000.00	Trial Date 03/02/2020	Court of DISTRICT
Assisting Officer Name/ID Number GUINN JASON MATTHEW JMG			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"/>

COMPLAINANT	Name: HILDRETH D. J.	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST. LILLINGTON NC 27546-	Phone: 910-893-9111
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NARRATIVE
ON THIS DATE AND TIME THE DEFENDANT WAS ARRESTED AND PROCESSED ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY FOR BURNING OF PERSONAL PROPERTY. THE DEFENDANT WENT BEFORE THE PRESIDING MAGISTRATE, R. HOLDER, WHO ISSUED A SECURED BOND OF \$20,000.00 AND A FIRST APPEARANCE IN COURT ON 03/02/2020. THE DEFENDANT WAS PLACED INTO THE HARNETT COUNTY JAIL AND WAS CLEAR NCIC AND NCAWARE.

STATUS	Arresting Officer Signature/ID # ELMORE SPENCER JOE SJE	Date/Time Submitted Mo Date Year 03/01/2020 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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/29/2020 Hrs: 14:55		OCA 20001307						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3666NBD	Arrest Tract 1107	Residence Tract 1100		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) MCLEAN JOHNNIE FAYE		DOB Mo Date Year	Age 63	Race W	Sex F						
	Current Address 377 HIDDEN PINE LN SANFORD NC 27332-		Occupation UNEMPLOYED		<input type="checkbox"/> Resident <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Non-Resident						
	Employer's Name		Address		Phone							
	Also Known As (Alias Names)		Hgt 501	Wgt 135	Hair GREY	Eye BLUE	Skin Tone FAIR					
	Scars, Marks, Tattoos		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	OLN	State	Misc. # and Type						
Nearest Relative Name MEGGS, DYLAN (SON)		Address SC		Phone								
ARREST INFO	If Armed, Type of Weapon 40		<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 2800 NC 24-87 CAMERON							
	Charge # 1 LARC MERCHANT EMERGENCY DOOR	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 23H	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72.11(1) Warr Date Mo Date Year 02/29/2020					
	Charge # 2 SHOPLIFTING CONCEALMENT GOODS	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 23C	Offense Jurisdiction (If not arresting agency)		Statute# 14-72.1 Warr Date Mo Date Year 02/29/2020					
	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 02/29/2020 Hrs: 16:10		Place Confined HARNETT COUNTY JAIL		Committing Magistrate R. HOLDER							
	Type Bond <input checked="" 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 03/02/2020	Court of DISTRICT		City LILLINGTON					
Assisting Officer Name/ID Number JOLLIE RYAN EDWARD REJ			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: JOLLIE R. E. Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST. LILLINGTON NC 27546-				Phone: 910-893-9111				
	NARRATIVE ON THIS DATE AND TIME THE DEFENDANT WAS ARRESTED AND PROCESSED INTO THE HARNETT COUNTY JAIL ON A WFA FOR LARCENY MERCHANT EMERGENCY DOORS AND SHOPLIFTING CONCEALMENT OF GOODS. THE DEFENDANT WAS PRESENTED TO THE MAGISTRATE, R. HOLDER WHO ISSUED A SECURED BOND OF \$5,000.00 AND A COURT DATE ON 03/02/2020 IN HARNETT COUNTY COURT. THE DEFENDANT WAS PLACED IN THE CUSTODY OF THE HARNETT COUNTY JAIL AND WAS CLEAR NCIC AND NCAWARE.											
STATUS	Arresting Officer Signature/ID # ELMORE SPENCER JOE SJE			Date/Time Submitted Mo Date Year 02/29/2020 Hrs: 16:10		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 03/01/2020 Hrs: 17:39		OCA 20001341				
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3680NBR	Arrest Tract 1183	Residence Tract 1134	Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) TAYLOR RANDOLPH		DOB	Age 21	Race B	Sex M	Place of Birth MARYLAND	Country of Citizenship US		
	Current Address 883 N RALEIGH ST ANGIER NC 27501-		Phone	Occupation UNEMPLOYED		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Unknown			
	Employer's Name		Address			Phone				
	Also Known As (Alias Names)		Hgt 506	Wgt 150	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 #			State MD	Misc. # and Type			
	Nearest Relative Name BARBARA TAYLOR		Address 106 PATAMOKE WAY CAMBRIDGE MD 21613-			Phone				
	If Armed, Type of Weapon		<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						
ARREST INFO	Charge # 1 FAILURE TO REPORT CHANGE OF ADDRESS	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-208.11 (A)(2)	Warr Date Mo Date Year 02/13/2020		
	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		
	VYR		Make	Model	Style	Color	Lic/Lis	VIN		
VEH. INFO.	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						Inventory on File? <input type="checkbox"/>			
CONFINED BOND INFO	Date/Time Confined 03/01/2020 Hrs: 18:30		Place Confined HARNETT COUNTY DETENTION			Committing Magistrate TAYLOR				
	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 \$30,000.00		Trial Date 03/02/2020	Court of DISTRICT		City LILLINGTON		
	Assisting Officer Name/ID Number			Released By Name/Dept/ID			Date/Time Released Hrs:			
STATUS AT ARREST	Status Codes: L-Lost S-Stolen R-Recovered D-Damaged Z-Seized B-Burned C-Counterfeit/Forged F-Found									
	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"/>
COM-PLAINANT	Name: DAVIES B E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-		Phone: 910-893-9111		
	NARRATIVE ON 03/01/2020 AT 1830 HRS. I, DEPUTY RIDDLE, RESPONDED TO 175 BAIN ST, LILLINGTON NC. 27546 REFERENCE A SUBJECT TURING THEMSELVES IN. UPON ARRIVAL, I MET WITH A RANDOLPH TAYLOR, WHO WAS BROUGHT FROM MARLAND TO TURN HIMSELF IN FOR AN OUTSTANDING PROCESS OUT OF HARNETT COUTNY FOR FAILURE TO CHANGE ADDRESS AS A SEX OFFENDER. SAME WAS BROUGHT TO THE HARNETT COUNTY DETENTION CENTER									
STATUS	Arresting Officer Signature/ID # RIDDLE JOHNSIE RAVEN JRR			Date/Time Submitted Mo Date Year 03/01/2020 Hrs: 18:45		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				

ADDITIONAL NARRATIVE

AGENCY:
HARNETT COUNTY SHERIFFS OFFICE

ORI #:
NC0430000

Date/Time On Scene:
03/01/2020

CASE #:
20001341

FOR FURTHER PROCESSING.

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 03/01/2020 Hrs: 20:51		OCA 20001343
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3684NBB		Arrest Tract 1183	Residence Tract 1134	Arrest Number 1

ARRESTEE INFORMATION	Name (Last, First, Middle) PEREZ ANGELA LYNN		DOB Mo Date Year	Age 44	Race W	Sex F	Place of Birth NC	Country of Citizenship US	
	Current Address 470 JAMES NORRIS RD ANGIER NC 27501-			Phone	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 507	Wgt 170	Hair BROWN	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		

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 ST LILLINGTON			
	Charge # 1 UTTERING FORGED INSTRUMENT	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 250	Offense Jurisdiction (If not arresting Agency) ANGIER POLICE DEPARTMENT		Statute# 14-120	Warr Date Mo Date Year 02/05/2020
	Charge # 2 OBTAIN PROPERTY FALSE PRETENSE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 26A	Offense Jurisdiction (If not arresting agency) ANGIER POLICE DEPARTMENT		Statute# 14-100	Warr Date Mo Date Year 02/05/2020
	Charge # 3 OFA-FTA	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting agency)		Statute# 5A-11	Warr Date Mo Date Year 01/13/2020

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 03/01/2020 Hrs: 21:15		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 \$77,000.00		Trial Date 03/02/2020	Court of HARNETT	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"/>

COMPLAINANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 55 NORTH BROAD ST W ANGIER NC 27501-			Phone: 919-639-2699
	ANGIER POLICE DEPARTMENT					

NARRATIVE

ON 03/01/2020 I DEPUTY K L BYRD (B24) SERVED AN OUTSTANDING WARRANT AND OUTSTANDING ORDER FOR ARREST ON ANGELA LYNN PEREZ. MS PEREZ WAS ENTERED NCIC BY ANGIER POLICE DEPARTMENT AND EXTRADITED FROM TEXAS. SHE WAS ALREADY IN CUSTODY AND I SERVED THESE OUTSTANDING PROCESSES AT THE HARNETT COUNTY DETENTION CENTER.

REMOVE NCIC

STATUS	Arresting Officer Signature/ID # BYRD KEVIN LOUIS KLB		Date/Time Submitted Mo Date Year 03/01/2020 Hrs: 21:25		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

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 03/02/2020 Hrs: 01:43	OCA 20001349
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3692NBE	Arrest Tract 1109	Residence Tract 1116	Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) LOHSE ALLEN MICHAEL		Age 26	Race W	Sex M	Place of Birth SD	Country of Citizenship US	
	Current Address 54 CANYON CT CAMERON NC 28326-				Occupation UNKNOWN OR NOT STATED	<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 150	Hair BLONDE	Eye BROWN	Skin Tone LIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
	Scars, Marks, Tattoos			State NC	Misc. # and Type			

ARREST INFO	If Armed, Type of Weapon		<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 935 NC 24-87 CAMERON		
	Charge # 1 POSSESS HEROIN	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting Agency)	Statute# 90-95(D)(1)	Warr Date Mo Date Year 03/02/2020
	Charge # 2 POSSESS DRUG PARAPHERNALIA	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 35B	Offense Jurisdiction (If not arresting agency)	Statute# 90-113.22	Warr Date Mo Date Year 03/02/2020
	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 03/02/2020 Hrs: 03:40	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 \$20,000.00	Trial Date 03/02/2020	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)					
	DCI Status Quantity Type Measure Suspected Type D Z 1 GM HEROIN D					

DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
					Possess	Buy	Sale	Mfg.	Importing	Operating
D	Z	1	GM	HEROIN	<input checked="" 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"/>

COMPLAINANT	Name: CHAMPLIN T	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST LILLINGTON NC 27546-	Phone: 910-893-9111
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NARRATIVE

ON 03/02/2020 I ARRESTED ON VIEW AT 935 NC 24-87. I HANDCUFFED LOHSE IN FRONT, DOUBLE-LOCKED, AND PLACED HIM IN THE BACK SEAT OF MY PATROL CAR. I TRANSPORTED LOHSE TO THE HARNETT COUNTY DETENTION CENTER WHERE HE WAS FINGERPRINTED, BROUGHT BEFORE THE MAGISTRATE, GIVEN A BOND AND HELD FOR FURTHER PROCESSING.

THE SEARCHED THE BACK SEAT OF MY PATROL CAR BEFORE AND AFTER ARREST.

STATUS	Arresting Officer Signature/ID # CHAMPLIN TRACIE FOGLE TFC	Date/Time Submitted Mo Date Year 03/02/2020 Hrs: 03:51	Supervisor Signature
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed	Case Disposition: <input type="checkbox"/> Cleared By Arrest/No Supplement Needed <input type="checkbox"/> Arrest/No Investigation	Arrestee Signature