



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

NEWS RELEASE

March 26, 2019

ARREST REPORT

| | | | | | | |
|--------------------|--|---|----------------------|--|--|-----------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 03/25/2019 Hrs: 15:15 | | OCA 19001736 |
| | Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 0172NBT | Arrest Tract 1183 | Residence Tract 1156 | | Arrest Number |

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|-----------------------------|--|--|-----------------------|-------------------|--------------------------|---------------|--|------------------------------|---|
| ARRESTEE INFORMATION | Name (Last, First, Middle) LANGLEY MICHAEL ANTHONY | | D.O.B Mo Date Year | Age 24 | Race B | Sex M | Place of Birth CA | Country of Citizenship US | |
| | Current Address 203 WEST STEWART ST COATS NC 27521- | | | 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 LIGHT | 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 | |

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|--------------------|--|--|---|--|--|---|----------------------|---|
| 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 175 BAIN ST LILLINGTON | | |
| | Charge # 1 FIRST DEGREE BURGLARY | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0510 | Offense Jurisdiction (If not arresting Agency) | | Statute# 14-51 | Warr Date Mo Date Year 03/25/2019 |
| | Charge # 2 FIRST DEGREE KIDNAPPING | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 2620 | Offense Jurisdiction (If not arresting agency) | | Statute# 14-39 | Warr Date Mo Date Year 03/25/2019 |
| | Charge # 3 FIRST DEGREE FORCIBLE RAPE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0200 | Offense Jurisdiction (If not arresting agency) | | Statute# 14-27.21 | Warr Date Mo Date Year 03/25/2019 |

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|-------------------|--|------|-------|-------|-------|---------|-----|
| 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"/> Unsecure 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"/> | | | | | | |

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|---------------------------|---|-----------------------------|--------------------------|----------------------------|
| CONFINED BOND INFO | Date/Time Confined 03/25/2019 Hrs: 15:45 | 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 \$1,000,000.00 | Trial Date 03/26/2019 | 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 |
|---------------------|--|

| 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"/> |

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|--------------------|---------------------|---|---------------------------------------|------------------------|
| COMPLAINANT | Name: SASSER R A | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | Address: 25 E MAIN ST COATS 27521- | Phone: 910-897-5183 |
|--------------------|---------------------|---|---------------------------------------|------------------------|

NARRATIVE
SUBJECT WAS IN HCSO JAIL. WARRANTS WERE ISSUED. HE WAS SERVED, PROCESSED AND RELEASED TO THE CUSTODY OF THE HCSO JAIL.

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| STATUS | Arresting Officer Signature/ID # GUINN JASON MATTHEW JMG | Date/Time Submitted Mo Date Year 03/25/2019 Hrs: 15:46 | 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

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|-----------------------------|---|---|---|--|--|--|--|--------------------------|---|--------------------------|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 03/25/2019 Hrs: 12:35 | | OCA 19001729 | | | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 0171NBA | Arrest Tract 1107 | Residence Tract 1107 | Arrest Number 1 | | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) NIXON BRITTANY LEIGH | | DOB Mo Date Year | Age 33 | Race W | Sex F | Place of Birth MARYLAND BALTIMORE | Country of Citizenship | | | | |
| | Current Address 48 BUCKEYE PL CAMERON NC 28326- | | | 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 600 | Wgt 200 | Hair BLONDE | Eye BLUE | Skin Tone FAIR | Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos | | | OLN | State | Misc. # and Type | | | | | | |
| Nearest Relative Name | | | | | | | | | | | | |
| ARREST INFO | If Armed, Type of Weapon 97 | | <input checked="" 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 2800 NC 24-87 CAMERON | | | | | | | |
| | Charge # 1 LARCENY BY CHANGING PRICE TAG | | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (If not arresting Agency) | | Statute# 14-72.1(D) | Warr Date Mo Date Year 03/25/2019 | | | |
| | 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 | | | |
| 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 03/25/2019 Hrs: 15:39 | | Place Confined HARNETT COUNTY 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 \$500.00 | Trial Date 04/15/2019 | 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"/> |
| COM-PLAIN-ANT | Name: Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/> | | | Address: 2800 NC 24-87 CAMERON NC 28326- | | | | Phone: 910-364-0364 | | | | |
| | Name: WALMART CO | | | | | | | | | | | |
| NARRATIVE | ON 3/25/2019 I RESPONDED TO 2800 NC 24-87 IN CAMERON IN REFERENCE TO A LARCENY CALL. UPON MY ARRIVAL AND PENDING INVESTIGATION SUBJECT BRITAANY LEIGH NIXON WAS CHARGED WITH LARCENY BY CHANGING BARCODE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # ODOM STORM TRISTIAN STO | | | Date/Time Submitted Mo Date Year 03/25/2019 Hrs: 02:40 | | 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

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|-----------------------------|--|--|---|---|--|--|----------------------------|--|--------------------------|---|--------------------------|--------------------------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 03/25/2019 Hrs: 10:55 | | OCA 19001727 | | | | | | |
| | Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> | Fingerprint Card Check Digit # (CKN) 0167NBE | Arrest Tract 1183 | Residence Tract 1183 | | Arrest Number 1 | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) GUZMAN KRISTIE JENNIFER | | D O B Mo Date Year | Age 40 | Race W | Sex F | Place of Birth NC | Country of Citizenship US | | | | |
| | Current Address 1745 GUY RD ANGIER NC 27501- | | | 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 504 | Wgt 170 | Hair BROWN | Eye BROWN | Skin Tone FAR | Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | |
| | Scars, Marks, Tattoos TAT TATTOOS TAT L ANKL KRISTIE STAR UNDERNEATH 41 | | | | Social Security # | State NC | Misc. # and Type | | | | | |
| 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 175 BAIN ST LILLINGTON | | | | | | | |
| | Charge # 1 LARCENY BY EMPLOYEE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 0690 | Offense Jurisdiction (If not arresting Agency) ANGIER POLICE DEPARTMENT | | Statute# 14-74 | Warr Date Mo Date Year 03/25/2019 | | | | |
| | Charge # 2 OBTAIN PROPERTY FALSE PRETENSE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 1 | DCI Code 1120 | Offense Jurisdiction (If not arresting agency) ANGIER POLICE DEPARTMENT | | Statute# 14-100 | Warr Date Mo Date Year 03/25/2019 | | | | |
| | 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"/> Unsecure 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 03/25/2019 Hrs: 11:36 | | Place Confined HARNETT COUNTY JAIL | | | 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 \$10,000.00 | Trial Date 03/26/2019 | 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"/> |
| COMPLAINANT | Name: CAMPBEL D | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | Address: 55 NORTH BROAD ST WEST ANGIER NC 27501- | | | Phone: 919-639-2699 | | | | |
| | NARRATIVE ON 3/25/2019 I WAS DISPATCH TO A CALL AT THE HARNETT COUNTY JAIL TO SERVE A WARRANT FOR SUBJECT KRISTIE GUZMAN. GUZMAN WAS SERVED HER WARRANT. | | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # ODOM STORM TRISTIAN STO | | | Date/Time Submitted Mo Date Year 03/25/2019 Hrs: 11:46 | | 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

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|-----------------------------|---|--|---|--|--|----------------------------|--|---|------|------|-----------|
| AGENCY INFO | Agency Name HARNETT COUNTY SHERIFFS OFFICE | | ORI NC0430000 | Date/Time of Arrest Mo Date Year 03/25/2019 Hrs: 13:48 | | OCA 19001735 | | | | | |
| | <input checked="" type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos | Fingerprint Card Check Digit # (CKN) 0173NBP | Arrest Tract 1134 | Residence Tract 1100 | Arrest Number | | | | | | |
| ARRESTEE INFORMATION | Name (Last, First, Middle) MCNEILL JAMOL RASHAD | | Age 27 | Race B | Sex M | Place of Birth LEE CO | Country of Citizenship US | | | | |
| | Current Address 124 SHERMAN RD FUQUAY VARINA NC 27252-6 | | | 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) MAL | | Hgt 505 | Wgt 240 | Hair BLACK | Eye BROWN | Skin Tone MDARK | Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | |
| | Scars, Marks, Tattoos TAT TATTOOS TAT R SHLD SHOULDER, RIGHT NC | | Social Security # | 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 checked="" type="checkbox"/> Warrant | Place of Arrest TIPPETT RD ANGIER | | | | | | |
| | Charge # 1 TRAFFICKING, OPIUM OR HEROIN | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 03 | DCI Code 1810 | Offense Jurisdiction (If not arresting Agency) | Statute# 90-95(H)(4) | Warr Date Mo Date Year 03/25/2019 | | | | |
| | Charge # 2 SELL OR DELIVER HEROIN | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 02 | DCI Code 1810 | Offense Jurisdiction (If not arresting agency) WAKE CO | Statute# 90-95(A)(1) | Warr Date Mo Date Year 03/25/2019 | | | | |
| | Charge # 3 POSS W/ MANUF/SELL/DEL SCHEDULE II CONTROLLE | <input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd | Counts 01 | DCI Code 1810 | Offense Jurisdiction (If not arresting agency) WAKE CO | Statute# 90-95(A)(1) | Warr Date Mo Date Year 03/25/2019 | | | | |
| 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 03/25/2019 Hrs: 16:25 | | Place Confined HARNETT COUNTY JAIL | | | | | | | | |
| | 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 \$500,000.00 | Trial Date 03/25/2019 | Court of HARNETT COUNTY | | 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 |
| COMPLAINANT | Name: OVERBY J B | | Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/> | | | Address: | | Phone: 910-893-0125 | | | |
| | NARRATIVE MCNEILL WAS ARRESTED ON WARRANTS FROM HARNETT COUNTY AND WAKE COUNTY FOR THE ABOVE LISTED CHARGES. MCNEILL WAS PLACED IN THE HARNETT COUNTY JAIL WITH A \$500,000 SECURED BOND. MCNEILL HAS A FIRST APPEARANCE IN HARNETT COUNTY COURT ON 05/26/2019 AND 05/28/2019 IN WAKE COUNTY. NCIC WAS CHECKED NEGATIVE HITS. | | | | | | | | | | |
| STATUS | Arresting Officer Signature/ID # OVERBY JASON BRADLEY JBO | | Date/Time Submitted Mo Date Year 03/25/2019 Hrs: 16:50 | | 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 | | | | | | |