



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

***NEWS RELEASE***

***March 8, 2019***

**ARREST REPORT**

*cleared*

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 03/07/2019 Hrs: 14:00		OCA 18003557
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 9981NAB	Arrest Tract 1183	Residence Tract 10		Arrest Number 201903070002

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) JACOBS ADAM MICHAEL		DOB Mo Date Year	Age 28	Race W	Sex M	Place of Birth NORTH CAROLINA	Country of Citizenship US	
	Current Address 127 N 1ST ST. APT 5 SPRING LAKE NC 28390-			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 507	Wgt 130	Hair BROWN	Eye BLUE	Skin Tone LIGHT
	Scars, Marks, Tattoos TAT TATTOOS TAT RF ARM TOMAHAWK 19				Social Security #	State NC	Misc. # and Type Driver's License		

<b>ARREST INFO</b>	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View <input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Criminal Summons <input checked="" type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant	Place of Arrest 175 BAIN ST LILLINGTON			
	Charge # 1 LARCENY OF FIREARM	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72(B)	Warr Date Mo Date Year 02/07/2019
	Charge # 2 POSSES STOLEN FIREARM	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 02/07/2019
	Charge # 3 BREAKIN AND OR ENTERING	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0510	Offense Jurisdiction (If not arresting agency)		Statute# 14-54	Warr Date Mo Date Year 07/02/2018

<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 03/07/2019 Hrs:14:00	Place Confined HARNETT COUNTY DETENTION CENTER		Committing Magistrate			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input checked="" type="checkbox"/> No Bond <input type="checkbox"/> Other	Amt. Bond		Trial Date 03/08/2019	Court of HARNETT		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
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<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>COM-PLAINANT</b>	Name: IVEY M W	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST LILLINGTON NC 27546-	Phone: 910-893-9111
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<b>NARRATIVE</b>	ADAM MICHAEL JACOBS SERVED WARRANT FOR ARREST ON THIS DATE REFERENCE BREAKING ENTERING, FELONY LARCENY, POSS. STOLEN GOODS, LARCENY OF FIREARM, AND POSS. OF STOLEN FIREARM.
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<b>STATUS</b>	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI	Date/Time Submitted Mo Date Year 03/07/2019 Hrs:14:00	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



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	Employer's Name			Address			Phone				
	Also Known As (Alias Names)				Hgt 507	Wgt 130	Hair BROWN	Eye BLUE	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
	Scars, Marks, Tattoos TAT TATTOOS TAT RF ARM TOMAHAWK 19				Social Security # _____		State NC	Misc. # and Type Driver's License			
Nearest Relative Name			Address			Phone					
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMPLAINANT</b>	Name: IVEY M W		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111		
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