



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

NEWS RELEASE

March 9, 2020

ARREST REPORT

cleared

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 03/08/2020 Hrs: 11:14		OCA 19007154	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3750NBD	Arrest Tract 1110	Residence Tract		Arrest Number	
ARRESTEE INFORMATION	Name (Last, First, Middle) GUERNSEY ROBERT GERALD		D.O.B. Mo Date Year	Age 57	Race W	Sex M	
	Current Address 17199 NC 27 W. SANFORD NC 27332-		Occupation LABORER	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		Place of Birth FLORIDA	Country of Citizenship US
	Employer's Name CATERPILLAR		Address SANFORD NC 27330-		Phone		
	Also Known As (Alias Names) JERRY GUERNSEY		Hgt 600	Wgt 220	Hair GREY	Eye HAZEL	Skin Tone FAIR
	Scars, Marks, Tattoos		Social Security #	OLN	State NC	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
Nearest Relative Name GUERNSEY, MISTY (WIFE)		Address 17199 NC 27 W. SANFORD NC 27332-		Phone			
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 17199 NC 27 W. SANFORD
	Charge # 1 STAT RAPE OF CHILD <=15	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 36B	Offense Jurisdiction (If not arresting Agency)		Statute# 14-27.25(A) Warr Date Mo Date Year 03/05/2020
	Charge # 2 INDECENT LIBERTIES WITH CHILD	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 11D	Offense Jurisdiction (If not arresting agency)		Statute# 14-202.1 Warr Date Mo Date Year 03/05/2020
	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 03/08/2020 Hrs: 12:30		Place Confined HARNETT COUNTY JAIL		Committing Magistrate B. HOYLE		
	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 03/09/2020	Court of DISTRICT		City LILLINGTON
Assisting Officer Name/ID Number ALLEN MARCUS JORDAN MJA		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: COLLINS T. L.		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 ON A WARRANT FOR ARREST CONSISTING OF THE CHARGES STATUTORY RAPE OF CHILD <=15 AND INDECENT LIBERTIES WITH CHILD. THE DEFENDANT WENT BEFORE THE PRESIDING MAGISTRATE, B. HOYLE, WHO ISSUED A SECURED BOND OF \$250,000.00 AND A FIRST APPEARANCE IN DISTRICT COURT ON 03/09/2020. THE DEFENDANT WAS PLACED IN THE CUSTODY OF THE HARNETT COUNTY JAIL AT THIS TIME AND WAS CLEAR NCIC AND NCAWARE.						
STATUS	Arresting Officer Signature/ID # ELMORE SPENCER JOE SJE		Date/Time Submitted Mo Date Year 03/08/2020 Hrs: 12:30		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

cleared

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 02/28/2020 Hrs: 02:20		OCA 19002783
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 4945PNX	Arrest Tract 10	Residence Tract 10	Arrest Number	

ARRESTEE INFORMATION	Name (Last, First, Middle) LENNON SEAN ROBERT		D O B Mo Date Year	Age 37	Race W	Sex M	Place of Birth NJ	Country of Citizenship US	
	Current Address UNK IN TOWN SPRING LAKE NC 28390-			Phone	Occupation SELF EMPLOYED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		
	Employer's Name SELF			Address			Phone		
	Also Known As (Alias Names)			Hgt 602	Wgt 170	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						State NC	Misc. # and Type	

ARREST INFO	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 113 DICK ST FAYETTEVILLE NC			
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant			
	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 06/10/2019
	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

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 02/28/2020 Hrs: 02:20		Place Confined CCDC	Committing Magistrate CAULDER			
	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 \$1,500.00	Trial Date 03/06/2020	Court of 9999		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	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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>		Address: 175 BAIN ST LILLINGTON NC 27546-	Phone: 910-893-0155
	JB TEASLEY, DETECTIVE, HC50			

*****BUSINESS 87 CORRIDOR*****USE TO CLEAR NCIC*****
 MR LENNON WAS ARRESTED AT THE CUMBERLAND COUNTY DETENTION CENTER ON THIS WARRANT AND ANOTHER FOR TWO INCIDENTS THAT OCCURRED IN HARNETT COUNTY AT WALMART #6958 IN 2019.

STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT		Date/Time Submitted Mo Date Year 03/06/2020 Hrs: 10:36	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 03/06/2020 Hrs: 22:00		OCA 20001446					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3738NBE		Arrest Tract 1130		Residence Tract 1130		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) LANGLEY MICHAEL ANTHONY			DOB Mo Date Year		Age 24	Race B	Sex M	Place of Birth NC	Country of Citizenship US		
	Current Address 175 BAIN STREET LILLINGTON NC 27546-				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 60	Wgt 150	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							State NC	Misc. # and Type			
	Nearest Relative Name				Address				Phone			
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 175 BAIN STREET LILLINGTON					
	Charge # 1 MALICIOUS CONDUCT BY A PRISONER		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 90Z	Offense Jurisdiction (If not arresting Agency)		Statute# 14-258.4	Warr Date Mo Date Year 03/06/2020			
	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 03/06/2020 Hrs: 22:00		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 \$75,000.00		Trial Date 03/09/2020		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"/>
COMPLAINANT	Name: DOWDY D W			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-0153		
	NARRATIVE ON FRIDAY MARCH 6, 2020 AT APPROXIMATELY 2200 HOURS I SERVED MICHAEL ANTHONY LANGLEY WITH ONE OUTSTANDING HARNETT COUNTY WARRANT FOR ARREST FOR MALICIOUS CONDUCT BY A PRISONER 20CR 050876.											
STATUS	Arresting Officer Signature/ID # DOWDY DAVID WILSON DWD			Date/Time Submitted Mo Date Year 03/06/2020 Hrs: 22:15			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 03/07/2020 Hrs: 19:23		OCA 20001470
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3748NBW	Arrest Tract 1120	Residence Tract 1120		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) BRISSETTE MEGAN ANN			Age 33	Race W	Sex F	Place of Birth MASSACHUSETTS	Country of Citizenship US		
	Current Address 215 IVEY ST SPRING LAKE NC 28390-				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 120	Hair BROWN	Eye GREEN	Skin Tone FAIR	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input 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 215 IVEY ST SPRING LAKE		
	Charge # 1 FELONY POSSESSION OF COCAINE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(D)(2)	Warr Date Mo Date Year 03/08/2020
	Charge # 2 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 03/08/2020
	Charge # 3 FELONY POSSESSION SCHEDULE VI CONTROLLED	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting agency)		Statute# 90-95(D)(4)	Warr Date Mo Date Year 03/08/2020

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 03/08/2020 Hrs: 01:10	Place Confined HARNETT JAIL	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 \$100,000.00	Trial Date 03/09/2020	Court of HARNETT
	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	Check up to 3 types of activity for each					
					Possess	Buy	Sale	Mfg.	Importing	Operating
B	Z	5.13	GM	COCAINE (ALL FORMS EXCEPT "CRACK") B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Z	14.81	GM	AMPHETAMINES/METHAMPHETAMINES L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Z	25	DU	MORPHINE F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLAINANT	Name: B. WINSTEAD	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST LILLINGTON NC 27546-	Phone:
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SUBJECT WAS ARRESTED FOR MULTIPLE NARCOTICS VIOLATIONS

STATUS	Arresting Officer Signature/ID # WINSTEAD BENJAMIN BWW	Date/Time Submitted Mo Date Year 03/08/2020 Hrs: 01:10	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 03/07/2020 Hrs: 19:23		OCA 20001470						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 3747NBD		Arrest Tract 1120		Residence Tract 1120		Arrest Number 1					
ARRESTEE INFORMATION	Name (Last, First, Middle) HENDRICKS JOHN MICHAEL JR			D.O.B. Mo Date Year		Age 34	Race W	Sex M	Place of Birth DECATOR IL	Country of Citizenship US			
	Current Address 215 IVEY ST SPRING LAKE NC 28390-					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 130	Hair BLONDE	Eye BLUE	Skin Tone	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 JOHN HENDERICKS			Address 624 CLAYTON DR FAYETTEVILLE NC 28311-									
ARREST INFO	If Armed, Type of Weapon 12		<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 215 IVEY ST SPRING LAKE								
	Charge # 1 MAINT VEH/DWELL/PLACE CS		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts 1	DCI Code 35A	Offense Jurisdiction (If not arresting Agency)		Statute# 90-108(A) (7)	Warr Date Mo Date Year 03/08/2020			
	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 03/08/2020			
	Charge # 3 PWMSD SCH 111 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 03/08/2020			
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 03/08/2020 Hrs: 01:08		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 \$450,000.00		Trial Date 03/09/2020		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"/>	<input type="checkbox"/>
COMPLAINANT	Name: WINSTEAD B		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-9111			
	NARRATIVE ON 03-07-2020 I DEPUTY COLLINSWORTH MADE CONTACT WITH A MR. JOHN HENDRICKS JR. MR. HENDRICKS IS A CONVICTED FELON, MR. HENDRICKS HAD A PISTOL ON HIM, DRUGS AND DRUG PARAPHERNALIA. I TOOK MR. HENDRICKS INTO CUSTODY AND BROUGHT HIM BEFORE THE MAGISTRATE THE MAGISTRATE ISSUED A \$450,000.00 SECURED BOND. MR. HENDRICKS WAS PROCESSED AND TURNED OVER TO THE JAIL STAFF.												
STATUS	Arresting Officer Signature/ID # COLLINSWORTH JAMES JNC			Date/Time Submitted Mo Date Year 03/08/2020 Hrs:			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						

