



**NEWS RELEASE**

**HARNETT COUNTY SHERIFF'S OFFICE**

**BY**

**SHERIFF WAYNE COATS**

**Tuesday**

**May 28, 2019**

### ARREST REPORT

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 05/27/2019 Hrs: 16:21		OCA 19003069						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 0791NBA		Arrest Tract 1116		Residence Tract 1116						
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) LEONARD JEREMY EDWARDS				D.O.B. Mo Date Year		Age 32	Race W	Sex M	Place of Birth NC		Country of Citizenship US	
	Current Address 544 ROBERTS RD SANFORD NC 27332-				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 600	Wgt 150	Hair BLONDE	Eye GREEN	Skin Tone MDARK	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		OLN 29278406		State NC	Misc. # and Type Driver's License			
	Nearest Relative Name SHERI CAMPBELL				Address				Phone				
<b>ARREST INFO</b>	If Armed, Type of Weapon		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 1655 BUFFALO LAKE RD SANFORD						
	Charge # 1 FELONY PROBATION VIOLATION		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2660	Offense Jurisdiction (If not arresting Agency) WAKE		Statute# 15A-1345	Warr Date Mo Date Year 05/23/2019				
	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:												
<b>CONFINED BOND INFO</b>	Date/Time Confined 05/27/2019 Hrs: 16:21		Place Confined HARNETT COUNTY				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 \$1,000.00		Trial Date 06/11/2019		Court of WAKE		City RALEIGH				
	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)													
<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>COM-PLAIN-ANT</b>	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address:				Phone:				
	<p>ON MAY 27, 2019 I OBSERVED MR LEONARD SLEEPING BEHIND THE FOOD LION ON BUFFALO LAKE RD. WHEN I IDENTIFIED MR LEONARD THROUGH CENTRAL THEY INFORMED ME THAT HE HAD AN OFA MR LEONARD WAS VERY COOPERATIVE.</p>												
<b>STATUS</b>	Arresting Officer Signature/ID # HOLLAND JAYNE LOUISE JLHOL				Date/Time Submitted Mo Date Year 05/27/2019 Hrs: 17:13		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 05/27/2019 Hrs: 17:05		OCA 19003070						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 0792NBT		Arrest Tract 1183		Residence Tract 1134		Arrest Number				
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) ESPINO-FLORES RICHARD				D.O.B. Mo Date Year		Age 18	Race W	Sex M	Place of Birth NC		Country of Citizenship US	
	Current Address 231 SMITH DR ANGIER NC 27501-				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 165	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		OLN 40712496		State NC	Misc. # and Type			
	Nearest Relative Name				Address				Phone				
	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View <input checked="" type="checkbox"/> Order for Arrest		<input type="checkbox"/> Criminal Summons <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest 1 WLDLIFE RD LILLINGTON						
Charge # 1 Contempt Of Court perjury court Violations		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 2640	Offense Jurisdiction (If not arresting Agency)			Statute# 15A-543(B)	Warr Date Mo Date Year 04/29/2019				
Charge # 2 Contempt Of Court perjury court Violations		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 2	DCI Code 2640	Offense Jurisdiction (If not arresting agency)			Statute# 15A-543(C)	Warr Date Mo Date Year 04/29/2019				
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				
<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 05/27/2019 Hrs: 18:00		Place Confined HARNETT COUNTY DETENTION CENTER				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 \$15,000.00		Trial Date 07/19/2019		Court of WAKE		City RALEIGH				
	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)													
<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: RALEIGH NC				Phone:				
	Name: CLERK OF SUPERIOR COURT												
<b>NARRATIVE</b>	OCA # 19003070 BG STRICKLAND # C20												
	WAKE CO OFA # 19 CR 203224 AND 19 CR 203225 SERVED  DEFENDANT FAILED TO APPEAR ON CHARGES OF FELONY POSSESSION OF SCH I CS AND SCH II CS AND CONSUME ALC BY < 19 AND 2ND DEGREE TRESPASS												
<b>STATUS</b>	Arresting Officer Signature/ID # STRICKLAND BOBBY BGS				Date/Time Submitted Mo Date Year 05/27/2019 Hrs: 18:00		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 type="checkbox"/> Arrest/No Investigation			Arrestee Signature							

**ARREST REPORT**

*cleared*

<b>AGENCY INFO</b>	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 05/24/2019 Hrs:		OCA 19002088
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0101STH	Arrest Tract 10	Residence Tract 10	Arrest Number	

<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) HARRIS RHONDA LYNN		D O B	Age 49	Race W	Sex F	Place of Birth NC	Country of Citizenship US	
	Current Address 2718 PILSON ROAD CAMERON NC 28325		Phone	Occupation UNKNOWN OR NOT STATED		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident		
	Employer's Name NONE		Address			Phone			
	Also Known As (Alias Names)		Hgt 504	Wgt 130	Hair BLONDE	Eye BLUE	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
	Scars, Marks, Tattoos		Social Security #	OLN 7658594	State NC	Misc. # and Type			
	Nearest Relative Name UNK		Address			Phone			

<b>ARREST INFO</b>	If Armed, Type of Weapon		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest CHATHAM COUNTY DETENTION CENTER PITTSBORO NC				
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant				
	Charge # 1 LARCENY FROM A MERCHANT MORE THAN \$200	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)		Statute# LARCENY	Warr Date Mo Date Year 04/11/2019	
	Charge # 2 POSSESSING/CONCEALING STOLEN PROPERTY	<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 04/11/2019	
Charge # 3 ASSAULT - DEADLY WEAPON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0410	Offense Jurisdiction (If not arresting agency)		Statute# 14-33(B)(1)	Warr Date Mo Date Year 04/11/2019		

<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 05/24/2019 Hrs:09:23	Place Confined CHATHAM COUNTY DETENTION CENTER		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 \$5,000.00	Trial Date 05/29/2019	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"/>

<b>COM-PLAINANT</b>	Name: JB TEASLEY	Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN ST LILLINGTON NC 27546-	Phone: 910-893-0155
	B			

**NARRATIVE**

\*\*\*\*\*BUSINESS CRIME/NC 87 CORRIDOR\*\*\*\*\* USE TO CLEAR NCIC\*\*\*\*\*

ON APRIL 11 2019 MS HARRIS WENT TO THE WALMART IN CAMERON WITHIN HARNETT COUNTY. SHE STOLE SEVERAL ITEMS AND WHEN STORE EMPLOYEES QUESTIONED HER ACTION, SHE PULLED A KNIFE OUT AND TOLD THE EMPLOYEE THAT MS HARRIS WOULD CUT THEM. SHE WAS SERVED THIS WARRANT IN CHATHAM COUNTY AND GIVEN A \$5000.00 SECURE BOND.

<b>STATUS</b>	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN    JBT		Date/Time Submitted Mo Date Year 05/24/2019 Hrs:09:46	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 05/25/2019 Hrs: 02:00		OCA 19003022							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 0778NBF		Arrest Tract 1183		Residence Tract 1154		Arrest Number					
<b>ARRESTEE INFORMATION</b>	Name (Last, First, Middle) WILSON ROYLEE JOSEPH				D.O.B. Mo Date Year		Age 37	Race W	Sex M	Place of Birth NC	Country of Citizenship US			
	Current Address 198 S RAILROAD STREET 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 600	Wgt 240	Hair BLONDE	Eye GREEN	Skin Tone FAR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
	Scars, Marks, Tattoos TAT TATTOOS TAT L HND HAND, LEFT 26				Social Security #		OLN 22145093		State NC	Misc. # and Type Driver's L				
	Nearest Relative Name				Address				Phone					
<b>ARREST INFO</b>	If Armed, Type of Weapon 40		<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 type="checkbox"/> Warrant											
	Charge # 1 POSSESS A CS IN PRISON/JAIL		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(E)(9)	Warr Date Mo Date Year 05/25/2019					
	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						
<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"/> 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"/>													
<b>CONFINED BOND INFO</b>	Date/Time Confined 05/25/2019 Hrs: 02:52		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 \$5,000.00		Trial Date 05/28/2019	Court of DSITRICT		City LILLINGTON						
Assisting Officer Name/ID Number RANDALL MARTAVIS ANTONY MAR			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						
	E	Z	.03	OZ	MARIJUANA			E	<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"/>
<b>COM-PLAIN-ANT</b>	Name: BRITT M.R.				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN STREET LILLINGTON NC 27546-				Phone: 910-893-9111	
	<b>NARRATIVE</b> ON 05-24-2019, THE DEFENDANT, ROYLEE WILSON POSSESSED A CONTROLLED SUBSTANCE, BEING MARIJUANA IN HIS ANAL CAVITY THAT WAS FOUND DURING INTAKE AT THE HARNETT COUNTY JAIL. THE MARIJUANA WAS PLACED INTO EVIDENCE. A WARRANT FOR ARREST WAS OBTAINED FOR THE ABOVE LISTED CHARGE. SAME WAS PROCESSED AND CLEARED NCAWARE.													
<b>STATUS</b> Arresting Officer Signature/ID # BRITT MICHAEL RUDOLPH MRB												Date/Time Submitted Mo Date Year 05/25/2019 Hrs: 02:56		
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						