



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

NEWS RELEASE

May 3, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 05/02/2019 Hrs: 09:42		OCA 19002533						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0556NBM		Arrest Tract 1130	Residence Tract 1130	Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) KORNEGAY KRISTEN DALE			D.O.B. Mo Date Year	Age 27	Race W	Sex F	Place of Birth NC	Country of Citizenship US			
	Current Address 101 GILES LN LILLINGTON NC 27546-				Occupation LABORER	<input type="checkbox"/> Resident <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Resident				
	Employer's Name CLEANING FOR LANDLORD. MRS GOLES			Address GILES LN. GILES MHP LILLINGTON NC 27546-			Phone					
	Also Known As (Alias Names)			Hgt 509	Wgt 140	Hair BROWN	Eye BROWN	Skin Tone MEDIUM	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		<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 101 GILES LN ANGIER							
	Charge # 1 PWMSD METHAMPHETAMINE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 001	DCI Code 1810	Offense Jurisdiction (If not arresting Agency)		Statute# 90-95(A)(1)	Warr Date Mo Date Year 05/02/2019				
	Charge # 2 FAILURE TO APPEAR ON MISDEMEANOR	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 003	DCI Code 2640	Offense Jurisdiction (If not arresting agency)		Statute# 15A-543(C)	Warr Date Mo Date Year 05/02/2019				
	Charge # 3 FELONY PROBATION VIOLATION	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 001	DCI Code 2660	Offense Jurisdiction (If not arresting agency)		Statute# 15A-1345	Warr Date Mo Date Year 05/02/2019				
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 05/02/2019 Hrs: 11:40		Place Confined HC 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 \$36,000.00		Trial Date 05/03/2019	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					
	L	F	7	GM	AMPHETAMINES/METHAMPHETAMINES L		Possess	Buy	Sale	Mfg.	Importing	Operating
							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLAINANT	Name: CARROLL C J			Complainant <input type="checkbox"/> Victim <input type="checkbox"/>	Address: HCOS LILLINGTON NC 27546-			Phone:				
	<p>NARRATIVE</p> <p>ON THE DATE AND TIME SHOWN MEMBERS OF THE HARNETT COUNTY SHERIFF'S OFFICE ASSISTED THE UNITED STATES MARSHALS IN SERVING AN ARREST WARRANT AT 101 GILES ST. LILLINGTON, US MARSHAL ARRESTED KRISTEN DALE KORNEGAY W/F 27 OF THE SAME ADDRESS WAS TAKEN INTO CUSTODY ON OUTSTANDING WARRANTS. IN PLAIN VIEW IN THE BEDROOM WAS APPROX. 7 GRAMS OF METHAMPHETAMINE AND TWO SMOKING PIPES WHICH WERE SEIZED BY AGENTS WITHOUT INCIDENT</p>											
STATUS	Arresting Officer Signature/ID # CARROLL CHRISTOPHER J CJC			Date/Time Submitted Mo Date Year 05/02/2019 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						

ARREST REPORT

Located

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 05/02/2019 Hrs: 10:47		OCA 19002535
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0557NBX	Arrest Tract 1183	Residence Tract 1119		Arrest Number 1

ARRESTEE INFORMATION	Name (Last, First, Middle) WORLEY MATTHEW ROY		DOB Mo Date Year	Age 36	Race I	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 212 BISHOP LANE DUNN NC 28334-			Occupation SELF EMPLOYED		<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 BROWN	Eye HAZEL	Skin Tone MLIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos TAT "MATTIE" RIGH ARM "ABBIE" LEFT ARMTATTOOS			Social Security #	State NC		Misc. # and Type Driver's License		

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 FAILED TO COMPLETE WORK AFTER PAID		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1120	Offense Jurisdiction (If not arresting Agency)		Statute# 14-100	Warr Date Mo Date Year 04/10/2019
	Charge # 2 OBTAINING MONEY/PROPERTY BY FALSE PRETENSE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1120	Offense Jurisdiction (If not arresting agency)		Statute# 14-104	Warr Date Mo Date Year 04/10/2019
	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"/> 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 05/02/2019 Hrs: 10:47		Place Confined LEC	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 \$7,500.00	Trial Date 05/06/2019	Court of DISTRICT		City SMITHFIELD
	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: GODWIN SA Complainant <input type="checkbox"/> Victim <input type="checkbox"/>		Address: 120 SOUTH THIRD ST SMITHFIELD NC 27577-		Phone: 919-989-5000
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NARRATIVE
19002535
ON 05/02/2019 AT 10.47 HOURS I SERVED MATTHEW ROY WORLEY WITH JOHNSTON COUNTY WARRANT 19CR052078 FOR FELONY OBTAIN PROPERTY FALSE PRETENCE AND JOHNSTON COUNTY WARRANT 19CR052079 FOR MISDEMEANOR FAIL TO WORK AFTER PAY. ENTERED NCIC BY JOHNSTON COUNTY. REQUEST DISPATCH REMOVE. TAKEN BEFORE HARNETT COUNTY MAGISTRATE DERON MCLEAN BOND SET AT 7500.00 SECURED. COURT DATE 05/06/2019 SMITHFIELD. CUMBERLAND COUNTY CRIMINAL

STATUS	Arresting Officer Signature/ID # HARDISON DEBRA KAY DKH		Date/Time Submitted Mo Date Year 05/02/2019 Hrs: 10:47	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:
05/02/2019

CASE #:
19002535

SUMMONS 19CR053595 SERVED AT TIME OF ARREST.

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 05/02/2019 Hrs: 17:31		OCA 19002548
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 0560NBX	Arrest Tract 1111	Residence Tract 1110		Arrest Number

ARRESTEE INFORMATION	Name (Last, First, Middle) FLETCHER BRIDGETT RENAE		Age 25	Race B	Sex F	Place of Birth NC	Country of Citizenship US	
	Current Address 559 WINDING RIDGE SANFORD NC 27332-				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 503	Wgt 120	Hair BLACK	Eye BROWN	Skin Tone MLIGHT
	Scars, Marks, Tattoos			Social Security #	OLN	State NC	Misc. # and Type Driver's LRN PERMIT License	

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 19805 NC 27 W CAMERON			
	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)		Statute# 14-74	Warr Date Mo Date Year 05/02/2019
	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 05/02/2019 Hrs: 18:28	Place Confined HARNETT CO 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 \$1,500.00	Trial Date 05/03/2019	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"/>
						<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: DOLLAT GENERAL		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 19805 NC 27 W CAMERON NC 28326-		Phone: 615-981-5996

NARRATIVE
 SUBJECT WAS ARRESTED ON 5/2/19 FOR LARCENY BY EMPLOYEE. SGT DUFRANE ARRESTED THE SUBJECT AND TRANSPORTED HER TO THE DETENTION CENTER WHERE I SGT COOK FINISHED THE PROCESSING SUBJECT WAS PROCESSED AND TURNED OVER TO THE DETENTION STAFF.

STATUS	Arresting Officer Signature/ID # COOK JAMES ERIC JEC		Date/Time Submitted Mo Date Year 05/02/2019 Hrs: 18:30	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	