



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

NEWS RELEASE

September 10, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 09/09/2019 Hrs: 21:07		OCA 19001946							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1931NBL	Arrest Tract 1183	Residence Tract 1100		Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) RICE BOBBY LEE			D.O.B. Mo Date Year	Age 29	Race W	Sex M	Place of Birth GA	Country of Citizenship US				
	Current Address 6609 SHREVEPORT HIGHWAY PINEVILLE LA 71360-			Phone	Occupation		<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 508	Wgt 250	Hair BROWN	Eye BROWN	Skin Tone FAIR	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos			Social Security #		OLN	State	Misc. # and Type					
	Nearest Relative Name			Address			Phone						
ARREST INFO	If Armed, Type of Weapon 97		<input type="checkbox"/> On-View	<input type="checkbox"/> Criminal Summons	Place of Arrest 175 BAIN STREET LILLINGTON								
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant								
	Charge # 1 1ST DEGREE SEX OFFENSE CHILD	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1790	Offense Jurisdiction (If not arresting Agency)		Statute# 14-27.4(A) (1)	Warr Date Mo Date Year 07/26/2019					
	Charge # 2 INDECENT LIBERTIES WITH CHILD	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1780	Offense Jurisdiction (If not arresting agency)		Statute# 14-202.1	Warr Date Mo Date Year 07/26/2019					
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 09/09/2019 Hrs: 22:10		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate D.WILLIAMS							
	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 09/10/2019	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"/>
COMPLAINANT	Name: COLLINS T L			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-9111			
	NARRATIVE SEPTEMBER 9, 2019(MONDAY) ON THIS DATE BOBBY RICE WAS TAKEN INTO CUSTODY FOR OUTSTANDING WARRANTS FROM HARNETT COUNTY. THESE CHARGES STEM FROM OCA 19001946. HE WAS GIVEN A SECURED BOND OF \$250,000.00 AND A COURT DATE OF 09/10/2019. THIS REPORT IS TO ALSO REMOVE BOBBY LEE RICE FROM NCIC AS A WANTED PERSON												
STATUS	Arresting Officer Signature/ID # REAGAN JAMES EDWARD JER			Date/Time Submitted Mo Date Year 09/09/2019 Hrs: 22:11			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 09/09/2019 Hrs: 12:25		OCA 19005355																	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 1923NBX		Arrest Tract 1183		Residence Tract 1163		Arrest Number															
ARRESTEE INFORMATION	Name (Last, First, Middle) DEBNAM DEVONTE MARKELL				Age 19		Race B		Sex M		Place of Birth NC		Country of Citizenship US											
	Current Address 58 LARRY DR. 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 510		Wgt 220		Hair BLACK		Eye BROWN		Skin Tone MDARK		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk									
	Scars, Marks, Tattoos				Social Security #		OLN		State		Misc. # and Type													
	Nearest Relative Name				Address				Phone															
ARREST INFO	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 175 BAIN ST LILLINGTON																	
	Charge # 1 BREAK OR ENTER A MOTOR VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts 2		DCI Code 2690		Offense Jurisdiction (If not arresting Agency)		Statute# 14-56		Warr Date Mo Date Year 07/22/2019											
	Charge # 2 MISDEMEANOR LARCENY		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts 1		DCI Code 0690		Offense Jurisdiction (If not arresting agency)		Statute# 14-72(A)		Warr Date Mo Date Year 07/22/2019											
	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 09/09/2019 Hrs: 12:30				Place Confined HARNETT COUNTY JAIL				Committing Magistrate C. SMITH															
	Type Bond <input type="checkbox"/> Written Promise <input checked="" type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other				Amt. Bond \$10,000.00				Trial Date 10/21/2019		Court of SUPERIOR		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: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address:				Phone:															
	STATE OF NORTH CAROLINA																							
NARRATIVE	ON THE DATE AND TIME LISTED ABOVE, I DEPUTY D.E. ABNEY MET WITH THE DEFENDANT AT THE HARNETT COUNTY SHERIFF'S OFFICE IN REFERENCE TO TURNING HIMSELF IN ON THE ABOVE LISTED CHARGES. HE WAS TAKEN INTO CUSTODY AND WAS PROCESSED WITHOUT INCIDENT.																							
STATUS	Arresting Officer Signature/ID # ABNEY DAVID EDWARD DEA				Date/Time Submitted Mo Date Year 09/09/2019 Hrs: 12:40				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 09/09/2019 Hrs: 11:25		OCA 19005356						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 1926NBT		Arrest Tract 1183		Residence Tract 10		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) MCKELLAR PAMELA			DOB Mo Date Year		Age 38	Race W	Sex F	Place of Birth NC		Country of Citizenship US		
	Current Address 5419 LABONTE DR. HOPE MILLS NC 28348-					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 502	Wgt 125	Hair BLONDE	Eye BROWN	Skin Tone LIGHT	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
	Scars, Marks, Tattoos							State NC	Misc. # and Type Driver's License				
	Nearest Relative Name				Address				Phone				
ARREST INFO	If Armed, Type of Weapon		<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 301 W. CORNELIUS BLVD. LILLINGTON						
	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 09/09/2019			
	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 09/09/2019 Hrs: 11:25		Place Confined 175 BAIN ST. LILLINGTON, NC 27546				Committing Magistrate C 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 \$10,000.00		Trial Date 09/10/2019	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	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"/>	
COMPLAINANT	Name: BENNETT A R				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST. LILLINGTON NC 27546-				Phone: 910-893-9111
	<p>NARRATIVE</p> <p>THIS REPORT DETAILS A WARRANT FOR ARREST SERVED TO SUBJECT PAMELA MCKELLAR SERVED ON THE DATE OF 09/09/2019. REFERENCE POSSESSION OF CONTROLLED SUBSTANCE IN JAIL PREMISES.</p>												
STATUS	Arresting Officer Signature/ID # BENNETT ALEXANDER ARB			Date/Time Submitted Mo Date Year 09/09/2019 Hrs: 14:37			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 09/09/2019 Hrs: 19:27		OCA 19005367					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1929NBH		Arrest Tract 1183		Residence Tract 1183		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) MONTGOMERY DARIUS MARKEL				Age 18		Race B	Sex M	Place of Birth NC	Country of Citizenship US		
	Current Address 7184 ELLIOTT BRIDGE ROAD SPRING LAKE NC 28390			Phone		Occupation UNEMPLOYED		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Unknown			
	Employer's Name			Address				Phone				
	Also Known As (Alias Names)				Hgt 509	Wgt 140	Hair BLACK	Eye BROWN	Skin Tone MEDIUM	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		
	Scars, Marks, Tattoos				Social Security #		OLN		State	Misc. # and Type		
	Nearest Relative Name			Address				Phone				
ARREST INFO	If Armed, Type of Weapon		<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 checked="" type="checkbox"/> Warrant							
	Charge # 1 ROBBERY WITH DANGEROUS WEAPON		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0300	Offense Jurisdiction (If not arresting Agency) ANGIER PD		Statute# 14-87	Warr Date Mo Date Year 09/09/2019			
	Charge # 2 CONSP ROBBERY DANGEROUS WEAPON		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0300	Offense Jurisdiction (If not arresting agency) ANGIER PD		Statute# 14-87	Warr Date Mo Date Year 09/09/2019			
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 09/09/2019 Hrs: 20:00		Place Confined HARNETT COUNTY DETENTION CENTER				Committing Magistrate R. HOLDER					
	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 \$25,000.00		Trial Date 09/10/2019	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: SHATTUCK JOEL				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 55 NORTH BROAD ST WEST ANGIER NC 27501-			Phone: 919-639-2699
	NARRATIVE ON 09-09-2019 A MALE SUBJECT WAS ARRESTED ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY.											
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA			Date/Time Submitted Mo Date Year 09/09/2019 Hrs: 20:00		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 checked="" type="checkbox"/> Arrest/No Investigation			Arrestee Signature						