



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

NEWS RELEASE

September 12, 2019

CRACK NCIC

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 09/11/2019 Hrs: 09:15		OCA 19005019							
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1950NBF		Arrest Tract 1183	Residence Tract 1100	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) MCKEITHAN ANTHONY			Age 49	Race B	Sex M	Place of Birth NC	Country of Citizenship US					
	Current Address 8512 APPLERIDGE DR. LINDEN NC 28356-			Phone	Occupation LABORER		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident					
	Employer's Name HERCULES STEEL			Address UNK FAYETTEVILLE NC			Phone						
	Also Known As (Alias Names)			Hgt 507	Wgt 188	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 TAT TATTOOS TAT LF ARM ANTONIO 16			Social Security #		State NC	Misc. # and Type						
	Nearest Relative Name			Address			Phone						
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 Burglary-forcible Entry	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0510	Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(A1)	Warr Date Mo Date Year 08/25/2019					
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)	Warr Date Mo Date Year 08/25/2019					
	Charge # 3 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 08/25/2019					
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 Hrs:		Place Confined			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		Trial Date 08/27/2019	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: STONE D H			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST. LILLINGTON NC 27546-			Phone: 910-893-9111			
	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 CHARGE(S). HE WAS TAKEN INTO CUSTODY AND WAS PROCESSED WITHOUT INCIDENT AND CAN NOW BE CLEARED OUT OF NCIC.												
STATUS	Arresting Officer Signature/ID # ABNEY DAVID EDWARD DEA			Date/Time Submitted Mo Date Year 09/11/2019 Hrs:09:45			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 09/11/2019 Hrs: 15:00		OCA 19005079					
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1056NBE		Arrest Tract 1183		Residence Tract 1183		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) RIDLEY SHAWN MICHAEL			D O B Mo Date Year		Age 49	Race B	Sex M	Place of Birth MARYLAND	Country of Citizenship US		
	Current Address 131 ZENOBIA AVE 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 601	Wgt 160	Hair BLACK	Eye BROWN	Skin Tone DARK	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 Driver's License			
	Nearest Relative Name			Address			Phone					
ARREST INFO	If Armed, Type of Weapon 40		<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 175 BAIN ST LILLINGTON							
	Charge # 1 LARCENY FROM MERCHANT		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0600	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72.11(1)	Warr Date Mo Date Year 09/11/2019			
	Charge # 2 POSSESSION OF STOLEN GOODS		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency)		Statute# 14-71.1	Warr Date Mo Date Year 09/11/2019			
	Charge # 3 INJURY TO PERSONAL PROPERTY		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1400	Offense Jurisdiction (If not arresting agency)		Statute# 14-160	Warr Date Mo Date Year 09/11/2019			
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"/> 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"/>											
CONFINED BOND INFO	Date/Time Confined 09/11/2019 Hrs: 16:00		Place Confined HARNETT COUNTY DETENTION CENTER				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 \$50,000.00		Trial Date 09/12/2019		Court of HARNETT		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
COMPLAINANT	Name: IVEY M W			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN STREET LILLINGTON NC 27546-			Phone: 910-893-0218		
	NARRATIVE SHAWN MICHAEL RIDLEY ARRESTED AND TAKEN BEFORE MAGISTRATE B. HOYLE. ISSUED A \$50,000 SECURED BOND.											
STATUS	Arresting Officer Signature/ID # IVEY MARTY WARREN MWI			Date/Time Submitted Mo Date Year 09/11/2019 Hrs: 16:00			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						

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 09/11/2019 Hrs: 22:49		OCA 19005106						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1964NBH	Arrest Tract 1170	Residence Tract 1170	Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) BURNETTE CODY HUNTER		DOB Mo Date Year	Age 20	Race I	Sex M	Place of Birth SANFORD	Country of Citizenship U.S				
	Current Address 160 WOOD EDGE LANE ERWIN NC 28339-		Phone	Occupation UNKNOWN OR NOT STATED		<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 509	Wgt 160	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		Social Security #		OLN	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	Place of Arrest 160 WOOD EDGE LANE ERWIN							
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant							
	Charge # 1 BREAKING/ENTERING AND LARCENY	<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 09/07/2019				
	Charge # 2 LARCENY AFTER BREAK/ENTER	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting agency)		Statute# 14-72(B)(2)	Warr Date Mo Date Year 09/07/2019				
Charge # 3 SECOND DEGREE ARSON	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0900	Offense Jurisdiction (If not arresting agency)		Statute# 14-58	Warr Date Mo Date Year 09/07/2019					
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 09/11/2019 Hrs: 23:07		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate D. MCLEAN						
	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 \$50,000.00		Trial Date 09/12/2019	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: HILDRETH DAVID J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address:				Phone:				
	NARRATIVE ON 09/11/2019 I (DEPUTY J.S SHAW) ARRESTED CODY HUNTER BURNETTE FOR A WARRANT FOR HIS ARREST OUT OF HARNETT COUNTY FOR FELONY BREAKING AND ENTERING, FELONY LARCENY AFTER BREAKING/ENTERING, AND SECOND DEGREE ARSON. 19CR053262 THIS ARREST CLEARS HIM NCIC AND NCAWARE BY ARREST.											
STATUS	Arresting Officer Signature/ID # SHAW JEREMY SHANDALE JSS			Date/Time Submitted Mo Date Year 09/11/2019 Hrs: 23:03		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 09/11/2019 Hrs: 06:24		OCA 19005404						
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1949NBU	Arrest Tract 1183	Residence Tract 1163		Arrest Number						
ARRESTEE INFORMATION	Name (Last, First, Middle) BAREFOOT SKYLAR VINSON			Age 35	Race W	Sex M	Place of Birth					
	Current Address 2763 JOHNSTON COUNTY RD 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 601	Wgt 160	Hair BROWN	Eye HAZEL					
	Scars, Marks, Tattoos			Social Sec.	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 ST LILLINGTON							
	Charge # 1 CONSPIRACY SELL OR DELIVER SCH II CONTROL SUBSTANCE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1890	Offense Jurisdiction (If not arresting Agency) JOHNSTON	Statute# 90-98					
	Charge # 2 SELL OR DELIVER SCHEDULE II CONTROLLED SUBSTA		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency) JOHNSTON	Statute# 90-95(A)(1)					
	Charge # 3 DELIVER SCHEDULE II CONTROLLED SUBSTA		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting agency) JOHNSTON	Statute# 90-95(A)(1)					
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"/> 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"/>											
CONFINED BOND INFO	Date/Time Confined 09/11/2019 Hrs: 08:13		Place Confined HARNETT COUNTY JAIL			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 \$5,000.00		Trial Date 09/12/2019	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)											
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"/>
COM-PLAIN-ANT	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address:			Phone:					
	NARRATIVE ON 09/11/2019 AT APPROXIMATELY 0806 HOUR, I SGT G. M. DUFRANE PROCESSED MR. SKYLAR BAREFOOT FOR ONE OUTSTANDING WARRANT. 1 COUNT F-CONSP SELL/DELIVER SCH II CS, 1 COUNT F-SELL II CS, 1 COUNT F-DELIVER SCH II CS. BOND WAS SET AT \$5000.00 SECURED. COURT DATE SET FOR 09/12/2019 AT 0900 HRS IN JOHNSTON COUNTY. NO FURTHER											
STATUS	Arresting Officer Signature/ID #			Date/Time Submitted Mo Date Year			Supervisor Signature					
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Case Disposition: <input 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 09/11/2019 Hrs: 15:46		OCA 19005416						
	<input checked="" type="checkbox"/> Taken Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 1955NBX		Arrest Tract 1183		Residence Tract 1100		Arrest Number					
ARRESTEE INFORMATION	Name (Last, First, Middle) KORDES ASHLEY DEANNA				Age 28	Race W	Sex F	Place of Birth NEW YORK	Country of Citizenship US				
	Current Address 116 DAWN RD BENSON NC 27504-				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 140	Hair BLONDE	Eye BLUE	Skin Tone FAIR <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				
	Scars, Marks, Tattoos				OLN	State	Misc. # and Type						
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 BILL OF INDICTMENT		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 2	DCI Code 2690	Offense Jurisdiction (If not arresting Agency)		Statute# OTHER	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 09/11/2019 Hrs: 15:30		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate HOYLE							
	<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 \$200,000.00		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 type="checkbox"/> Victim <input type="checkbox"/>				Address: _____				Phone: _____				
	NARRATIVE ON 09/11/2019 AT APPROXIMATELY 1525 HOURS I, SGT G. M. DUFRANE, SERVED AN ORDER FOR ARREST ON A ASHLEY DEANNA KORDES DOB 05/21/1991, WHO WAS INCARCERATED, AT THE HARNETT COUNTY JAIL. THE INDICTMENTS WERE OUT OF HARNETT COUNTY FOR AGG FELONY DEATH BY VEHICLE AND SECOND DEGREE MURDER WITHOUT REGARD. KORDES WAS BROUGHT BEFORE THE MAGISTRATE AND THEN REPROCESSED INTO THE HARNETT COUNTY JAIL. BOND WAS SET AT \$200,000.00 AND A FIRST APPEARANCE WAS SET FOR 12SEP19 AT 0900 HOURS IN LILLINGTON. NO FURTHER												
STATUS	Arresting Officer Signature/ID # DUFRANE GLADYS MORINDA GMD			Date/Time Submitted Mo Date Year 09/11/2019 Hrs: 15:45		Supervisor Signature							
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Case Disposition: <input 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 09/11/2019 Hrs: 15:09		OCA 19005417
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1957NBA		Arrest Tract 2416	Residence Tract 2416	Arrest Number 1

ARRESTEE INFORMATION	Name (Last, First, Middle) PROVOID TRACY LAMAR		DOB Mo Date Year	Age 27	Race B	Sex M	Place of Birth NC	Country of Citizenship US	
	Current Address 709 WINDY HILL CIR A FAYETTEVILLE 28303-			Phone		Occupation UNKNOWN OR NOT STATED		<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 605	Wgt 290	Hair BLACK	Eye BROWN	Skin Tone DARK	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos			State NC			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 800 TILGHMAN DR DUNN			
			<input type="checkbox"/> Order for Arrest	<input type="checkbox"/> Citation	<input checked="" type="checkbox"/> Warrant			
	Charge # 1 FELONY POSSESSION OF COCAINE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1810	Offense Jurisdiction (If not arresting Agency) CUMBERLAND		Statute# 90-95(D)(2)	Warr Date Mo Date Year 09/11/2019
	Charge # 2 DRIVING WHILE IMPAIRED	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 2100	Offense Jurisdiction (If not arresting agency) CUMBERLAND		Statute# 20-138.1	Warr Date Mo Date Year 09/11/2019
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 09/11/2019 Hrs: 16:00		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 \$7,500.00		Trial Date 09/13/2019	Court of CUMBERLAND		City FAYETTEVILLE
	Assisting Officer Name/ID Number BALLARD MATTHEW ALAN MABA			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"/>

COMPLAINANT	Name: WATSON E		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 2435 GILLESPIE ST FAYETTEVILLE NC 28306-		Phone: 910-486-1334

NARRATIVE

ON 09/11/2019 AT APPROX 1509 HRS I RESPONDED TO BETSY JOHNSON HOSPITAL ED ROOM 3 REFERENCE A SUBJECT WITH ACTIVE WARRANTS. TRACY PROVOID WAS TAKEN INTO CUSTODY AND TRANSPORTED TO HARNETT COUNTY JAIL HE WAS SEEN BY THE HARNETT COUNTY MAGISTRATE AND GIVEN A COURT DATE OF 09/13/2019 AND A SECURED BOND WAS SET AT \$7500.00.

STATUS	Arresting Officer Signature/ID # CARLBERG III LAWRENCE LEC		Date/Time Submitted Mo Date Year 09/11/2019 Hrs: 17:00		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