



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

NEWS RELEASE

September 3, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 08/30/2019 Hrs: 07:01		OCA 19005141
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <input type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1823NBY		Arrest Tract 1183	Residence Tract 1183	

ARRESTEE INFORMATION	Name (Last, First, Middle) DAVIS JAMES TIMOTHY JR			Age 27	Race B	Sex M	Place of Birth NC	Country of Citizenship US		
	Current Address 1820 NURSERY RD LILLINGTON NC 27546--				Occupation CLS C SUSPENDED//NEG NCIC /1		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Unknown		
	Employer's Name				Address 1820 NURSEY ROAD LILLINGTON NC 27546-			Phone		
	Also Known As(Alias Names)				Hgt 600	Wgt 155	Hair BLACK	Eye BROWN	Skin Tone DARK	Consumed Drug/Alcohol <input 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 03		<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 POSSESS WEAPON BY PRISONER (HANGUN)	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1530	Offense Jurisdiction (If not arresting Agency)		Statute# 14-258.2	Warr Date Mo Date Year 08/30/2019
	Charge # 2 CARRYING CONCEALED WEAPON	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts 1	DCI Code 1530	Offense Jurisdiction (If not arresting agency)		Statute# 14-269(A)	Warr Date Mo Date Year 08/30/2019

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 _____						

CONFINED BOND INFO	Date/Time Confined 08/30/2019 Hrs: 10:30		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 09/03/2019	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: LETARTE K J		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 175 BAIN STREET LILLINGTON NC 27546-		Phone:

NARRATIVE

ON 08/30/2019 A WARRANT WAS ISSUED AND SERVED ON JAMES TIMOTHY DAVIS JR. FOR POSSESSION WEAPON BY PRISONER, CARRYING CONCEALED HANDGUN, POSSESSION OF CONTROL SUBSTANCE ON JAIL PREMISES AND POSSESSION OF MARIJUANA OUT OF HARNETT COUNTY DETENTION CENTER.

STATUS	Arresting Officer Signature/ID # LETARTE KEVIN JOSEPH KJL		Date/Time Submitted Mo Date Year 08/30/2019 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

ORI:
NC0430000

ARREST REPORT ADDITIONAL CHARGES

OCA:
19005141

Charge	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date
SIMPLE POSSESSION SCHEDULE IV CONTROLLED SUBS		1	1810		90-95(D) (2)	Mo Date Year 08/30/2019
Charge	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI	Offense Jurisdiction (If not reporting agency)	Statute #	Warr Date Mo Date Year
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