



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

NEWS RELEASE

September 4, 2019

ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year 09/04/2019 Hrs: 00:37		OCA 19001218																
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 1869NBQ		Arrest Tract 1108		Residence Tract 1108		Arrest Number														
ARRESTEE INFORMATION	Name (Last, First, Middle) BELL JUSTIN KYLE				Age 24		Race W		Sex M		Place of Birth SANFORD, NC		Country of Citizenship US										
	Current Address 1458 HAYES ROAD SPRING LAKE NC 28390-				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) HOMMIE				Hgt 504		Wgt 120		Hair BROWN		Eye BROWN		Skin Tone MED		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										
	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 481 ARCHIE ST SPRING LAKE																
	Charge # 1 BREAKING AND OR ENTERING NON FORCED ENTRY		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts 1		DCI Code 0520		Offense Jurisdiction (If not arresting Agency)		Statute# 14-54(A)		Warr Date Mo Date Year 03/07/2019										
	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 03/07/2019										
	Charge # 3 POSSESSION OF STOLEN GOODS		<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 03/07/2019										
VEH. INFO.	YVR		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 09/04/2019 Hrs: 02:00				Place Confined HARNETT COUNTY DETENTION CENTER				Committing Magistrate T. 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 \$100,000.00		Trial Date 09/05/2019		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: DOWDY D W				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-9111										
	NARRATIVE ON 09-04-2019 A MALE SUBJECT WAS ARREST ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY.																						
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA				Date/Time Submitted Mo Date Year 09/04/2019 Hrs: 02:11				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 09/04/2019 Hrs: 00:37		OCA 18004810						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 1869NBQ		Arrest Tract 1108		Residence Tract 1108		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) BELL JUSTIN KYLE			DOB Mo Date Year		Age 24	Race W	Sex M	Place of Birth SANFORD, NC		Country of Citizenship US		
	Current Address 1458 HAYES ROAD SPRING LAKE NC 28390-					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) HOMMIE				Hgt 504	Wgt 120	Hair BROWN	Eye BROWN	Skin Tone MED	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			
	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 481 ARCHIE ST SPRING LAKE						
	Charge # 1 LARCENY OF MOTOR VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0710	Offense Jurisdiction (If not arresting Agency)			Statute# 14-72(A)	Warr Date Mo Date Year 09/13/2018			
	Charge # 2 POSSESSION STOLEN VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency)			Statute# 20-106	Warr Date Mo Date Year 09/13/2018			
	Charge # 3		<input checked="" 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 09/04/2019 Hrs: 02:00		Place Confined HARNETT COUNTY DETENTION CENTER				Committing Magistrate T. 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 \$100,000.00		Trial Date 09/05/2019	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)												
	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each					
DRUGS AT ARREST								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: DOWDY D W				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-9111
	ON 09-04-2019 A MALE SUBJECT WAS ARREST ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY.												
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA				Date/Time Submitted Mo Date Year 09/04/2019 Hrs: 02:13		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							

CLEAR NCIC ARREST REPORT

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000		Date/Time of Arrest Mo Date Year Hrs:		OCA 18004631					
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) ANOTHER COUNTY SERVED - NO CHE		Arrest Tract 10		Residence Tract 10		Arrest Number			
ARRESTEE INFORMATION	Name (Last, First, Middle) CARGILL FREDERICK ANTHONY JR			DOB Mo Date Year		Age 25	Race B	Sex M	Place of Birth FAYETTEVILLE NC		Country of Citizenship US	
	Current Address 7895 LOXLEY DRIVE FAYETTEVILLE NC 28314				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 300	Hair BLACK	Eye BROWN	Skin Tone MBR	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		
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 400 VANCE ST CLINTON NC					
	Charge # 1 LARCENY FROM A MERCHANT REMOVE/DEST/DEACT/COMP		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)			Statute# 14-72.11(2)	Warr Date Mo Date Year 03/06/2019		
	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 03/06/2019		
	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 08/23/2019 Hrs: 17:44		Place Confined SAMPSON COUNTY JAIL				Committing Magistrate ELLIS					
	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 08/27/2019	Court of 9999		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: JB TEASLEY			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-0155
	<p>*****USE TO CLEAR NCIC*****NC87 BUSINESS CORRIDOR*****</p> <p>MR CARGILL WAS ARRESTED IN CLINTON NC AND SERVED A WFA FOR A LARCENY FROM A MERCHANT OUT OF HARNETT COUNTY. HE WAS GIVEN A \$10,000/SECURE BOND FOR THIS WARRANT HE WAS SERVED MULTIPLE WARRANTS FROM DIFFERENT JURISDICTIONS.</p>											
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 09/03/2019 Hrs: 14:29			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 08/23/2019 Hrs: 17:45		OCA 18004631	
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) ANOTHER COUNTY SERVED - NO CHE	Arrest Tract 10	Residence Tract 10		Arrest Number	
ARRESTEE INFORMATION	Name (Last, First, Middle) CARGILL FREDERICK ANTHONY JR			D.O.B. Mo Date Year	Age 25	Race B	Sex M
	Current Address 7895 LOXLEY DRIVE FAYETTEVILLE NC 28314			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 300	Hair BLACK	Eye BROWN
	Scars, Marks, Tattoos			Social Security # 243-77-7179	OLN 32150589	State NC	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk
				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 400 VANCE ST CLINTON NC		
	Charge # 1 LARCENY FROM A MERCHANT REMOVE/DEST/DEACT/COMP	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0690	Offense Jurisdiction (If not arresting Agency)	Statute# 14-72.11(2)	Warr Date Mo Date Year 03/06/2019
	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 03/06/2019
	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 08/23/2019 Hrs: 17:44		Place Confined SAMPSON COUNTY JAIL			Committing Magistrate ELLIS	
	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 08/27/2019	Court of 9999	
	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	
COM-PLAIN-ANT	Name: JB TEASLEY			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-
							Phone: 910-893-0155
NARRATIVE	*****USE TO CLEAR NCIC*****NC87 BUSINESS CORRIDOR*****						
	MR CARGILL WAS ARRESTED IN CLINTON NC AND SERVED A WFA FOR A LARCENY FROM A MERCHANT OUT OF HARNETT COUNTY. HE WAS GIVEN A \$10,000/SECURE BOND FOR THIS WARRANT HE WAS SERVED MULTIPLE WARRANTS FROM DIFFERENT JURISDICTIONS.						
STATUS	Arresting Officer Signature/ID # TEASLEY JOSHUA BENJAMIN JBT			Date/Time Submitted Mo Date Year 09/03/2019 Hrs: 14:29		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 09/04/2019 Hrs: 00:37		OCA 18001639						
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>		Fingerprint Card Check Digit # (CKN) 1869NBQ		Arrest Tract 1108		Residence Tract 1108		Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle) BELL JUSTIN KYLE				D.O.B. Mo Date Year		Age 24	Race W	Sex M	Place of Birth SANFORD, NC		Country of Citizenship US	
	Current Address 1458 HAYES ROAD SPRING LAKE NC 28390-				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) HOMMMIE				Hgt 504	Wgt 120	Hair BROWN	Eye BROWN	Skin Tone MED	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		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 481 ARCHIE ST SPRING LAKE						
	Charge # 1 LARCENY OF MOTOR VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0710	Offense Jurisdiction (If not arresting Agency)		Statute# 14-72(A)	Warr Date Mo Date Year 06/14/2018				
	Charge # 2 POSSESSION STOLEN VEHICLE		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency)		Statute# 20-106	Warr Date Mo Date Year 06/14/2018				
	Charge # 3		<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (If not arresting agency)		Statute#	Warr Date Mo Date Year				
VEH. INFO.	YVR	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 09/04/2019 Hrs:02:00		Place Confined HARNETT COUNTY DETENTION CENTER				Committing Magistrate T. 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 \$100,000.00		Trial Date 09/05/2019		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"/>	
COMPLAINANT	Name: DOWDY D W				Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>				Address: 175 BAIN ST LILLINGTON NC 27546-				Phone: 910-893-9111
	NARRATIVE ON 09-04-2019 A MALE SUBJECT WAS ARREST ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY.												
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA				Date/Time Submitted Mo Date Year 09/04/2019 Hrs:02:15		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 *Cleared NCIC*

AGENCY INFO	Agency Name HARNETT COUNTY SHERIFFS OFFICE		ORI NC0430000	Date/Time of Arrest Mo Date Year 09/04/2019 Hrs: 00:37		OCA 19005250							
	<input type="checkbox"/> Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN) 1869NBQ	Arrest Tract 1108	Residence Tract 1108		Arrest Number							
ARRESTEE INFORMATION	Name (Last, First, Middle) BELL JUSTIN KYLE			Age 24	Race W	Sex M	Place of Birth SANFORD, NC	Country of Citizenship US					
	Current Address 1458 HAYES ROAD SPRING LAKE NC 28390-			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) HOMMMIE			Hgt 504	Wgt 120	Hair BROWN	Eye BROWN	Skin Tone MED	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 481 ARCHIE ST SPRING LAKE								
	Charge # 1 LARCENY OF MOTOR VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 0710	Offense Jurisdiction (If not arresting Agency) CUMBERLAND		Statute# 14-72(A)	Warr Date Mo Date Year 06/04/2018					
	Charge # 2 POSSESSION STOLEN VEHICLE	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 1330	Offense Jurisdiction (If not arresting agency) CUMBERLAND		Statute# 20-106	Warr Date Mo Date Year 06/04/2018					
	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 09/04/2019 Hrs: 02:00		Place Confined HARNETT COUNTY DETENTION CENTER			Committing Magistrate T. 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 \$25,000.00		Trial Date 09/05/2019	Court of DISTRICT		City FAYETTEVILLE					
	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"/>
COMPLAINANT	Name: DOWDY D W			Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: 175 BAIN ST LILLINGTON NC 27546-			Phone: 910-893-9111			
	ON 09-04-2019 A MALE SUBJECT WAS ARREST ON A WARRANT FOR ARREST OUT OF HARNETT COUNTY. NCIC REMOVAL JUSTIN KYLE BELL												
STATUS	Arresting Officer Signature/ID # ALLEN MARCUS JORDAN MJA			Date/Time Submitted Mo Date Year 09/04/2019 Hrs: 02:10			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 09/03/2019 Hrs: 08:08		OCA 19005230
	Taken Prints <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/>	Fingerprint Card Check Digit # (CKN) 1861NBC	Arrest Tract 1130	Residence Tract 1104		Arrest Number 201909030000

ARRESTEE INFORMATION	Name (Last, First, Middle) CRAWFORD JOHNATHAN LEWIS				Age 35	Race W	Sex M	Place of Birth WAYNE CO	Country of Citizenship US	
	Current Address 201 STH 8TH ST. ERWIN NC 28339-			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 245	Hair OTHER	Eye BLUE	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		

ARREST INFO	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 checked="" type="checkbox"/> Warrant			
	Charge # 1 KIDNAPPING	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts 1	DCI Code 2620	Offense Jurisdiction (If not arresting Agency)		Statute# 14-39	Warr Date Mo Date Year 08/30/2019
	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

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 09/03/2019 Hrs: 08:41		Place Confined 175 BAIN ST.		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 \$5,000.00		Trial Date 09/06/2019		Court of SUPERIOR	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"/>
						<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: WEST T.W.		Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>	Address: 110 SOUTH FIFTH ST SMITHFIELD 27577-		Phone: 919-934-2121
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NARRATIVE
THE SUBJECT WAS ARRESTED FOR 2ND DEGREE KIDNAPPING AND GIVEN A \$5000.00 SECURED BOND. NEGATIVE NCIC OR NCAWARE.

STATUS	Arresting Officer Signature/ID # HALLMAN BOBBY DEAN BDH		Date/Time Submitted Mo Date Year 09/03/2019 Hrs: 09:02		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	