

## **Arrest Report**

ALACHUA COUNTY SHERIFFS OFFICE 2621 SE HAWTHORNE RD

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Report Date / Time 9/26/2024 06:04 PM			1	Report Number ASOCHG00012109M				Case Number/Cad N ASO24OFF00848 092624-0533				Num					Officer Name T, KIMBERLY RA			
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MN	l #		SSN		Date	of Birth	Age	ID:Type	e D	rivers	License	ord	other i	Ď	State	OCA	/ Agen	cy ID		
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Arrest Report



Page 1 of 3

ACSO-DOJ SEP 26 '24 PX7:37

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Report Date / Time 9/26/2024 06:04 PM			Report Number ASOCHG00			Case Number/Cad Number ASO240FF008488 /			Reporting Officer Name HESKETT, KIMBERLY RA			
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Pro	bable Caus									707 5	•	
On	Septembe	r 26th 20	24 at appre	oximately 1	745 ho	ur's, I respon	ded to			in reference	e to a	
	nale (					1 stating that		(The DE	F, John L.	Willis, Jr., 1	12/01/1997	
B/N	(I) was refi	using to	allow her to	o leave and								
ong bee Wh hur	oing relation acting agained on the gift up. The	ionship f ggressive phone w nis cause	or approxime and continuity of the second in	nuously wa HN took tent in the s	nonths, lking up treet an	who to making this to on her. Thut's phone maked JOHN grabe a nearby neigh	dating varients, given ting a color bed	violence.  their vious  omment a  by	lent history about her ca her backpa	ated that JO she called alling 12 on ack multiple	OHN had 911. him and e times and	
up did	to see JOH have his h	IN bent on ands aro	over <u></u>	holding ck but at no	her dov	erheard the ar wn with his hawas her breat	ands are	ound her	neck.	confirm	ned that he	
						onto the er phone into			er, did snat	ch the phoi	ne away	
1	ven the abo			HN did actorspeaking w		nd intentional	ly touch	ned	against	her will an	d did also	
ſ	HN is bein 911 (F.S.S.			count of m	isdeme	anor battery (	F.S.S. 7	784.03.1a	1) and one	count of de	eprivation	
Jail	Booking F	acility										
<b>&gt;</b>	Booking Date 9/26/2024 0	/Time	Booking Cou	- 1	looking Fa	icility A COUNTY JAI				Booking Facili (352) 491-44	-	

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Report Date / Time Report Number			Case I	Number/Cad Num	ber	Reporting Officer Name			
9/26/2024 06:04 PM	012109M		4OFF008488 / 24-0533		HESKETT, KIMBER	LY RA			
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OBTS Number	<del></del>	Other Number	***************************************	Cle	arance	·····			
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		<u> </u>			<del></del>				
Booking Facility Location					Booking No	ımber			
3333 NE 39TH AVE GAI	NESVILLE, FI	ORIDA 32609							
Booking Comments									
Dergon WITNESS				***************************************	·····				
Officer Name Rank / ID #		Involvement Or Reporting				Officer Agency.	B		
HESKETT, KIMBERLY	RA			ALACHUA CO	UNTY SHE	RIFES OFFICE			
DEPUTY	1832	REPORTING (	DEFICER	PATROL ADM		100			
							<u> </u>	<b>A</b>	
The undersigned certifi	es and swear	s that he/she ha	is just and r	easonable gro	unds to be	elieve that the above	named Defend	dant,	
committed violation(s),	of law, on the	below date(s) a	and time(s),	as listed in the	probable	cause associated w	ith this report:		
Reporting Officer									
Officer Name	Offic	e Rank Offic	er ID No	Sworn and sub	scribed be	fore me, the undersign	ed authority		
						<u> </u>	2024		
HESKETT, KIMBERLY	RA DEP	UTY 1832	4	This the 26		▼	······································		
Officer Agency				DEPUTY OF T	HE COUR	NOTARY OR LAW	ENFORCEMEN'	Τ	
ALACHUA COUNTY SH	ERIFFS OFFI		832		/	A-SbO			
		KAREKER		1/4	12 V	41-			
	1	1010		1/	7	J V.			
Officer Signature	Nt	Telketto							
Officer Signature									
No Bill / Petition (	) Issue Warra	int O Pros	secution Appr	oved					

Date

Signature of Assistant State Attorney