| MARREST SWORN COMPLAINT HOLD EIGHTH JUDICIAL CIRCUIT | | | | | | | ENILE [| NOTICE | TO APPEAR | | | | | | |
|--|--|---|---|---|------------|------------------|---------------|---|---|-----------------|---|--|-------------------------------------|-------------------------------|--|
| OB | OBTS NUMBER: 0123450789 | | | | | | | | | | AGENCY CASE REPORT NUMBER: | | | | |
| 0123430104 02-24-010994 | | | | | | | |) 4 | | | | | | | |
| | BAK | <mark>ER, ERIC JAV</mark> | AH | | | | | | | | | | | | |
| | 911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): | | | | | CITY: | | | | STATE: | TE: ZIP CODE: TELEPHO | | | NUMBER: | |
| | | 255 SE BAYA DR BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, E | | | | LAKE C | ITY | | ··· | <u>FL</u> | . 32025 | | (386) 965-7180 TELEPHONE NUMBER: | | |
| D | | , | | | ,, | | | | | | | | | `` | |
| E | MAILING A | MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): | | | | SCARS, MARKS, T | ATTOOS, FAC | CIAL HAIR, UNIQU | E PHYSICAL FEAT | JRES (LOCATIO | DCATION, TYPE, DESCRIPTION): | | | | |
| E | RACE: | | SEX: | DATE OF BIRTH: | | HEIGHT: | WEIGHT: | HAIR COLO | ₹: | EYE COLOR: | 1 | COMPLEXION | · I RI | JILD: | |
| N | WHITE | ☐ AMERICAN INDIAN ☐ ASIAN / ORIENTAL | М | 12/29/20 | 1 | 6'00 | 160 | | .ACK | BRO | 1 | MEDIU | | 120. | |
| A | | ICENSE / STATE ID NUMBER | | TATE OF DL / ID: | | SECURITY NUMBE | | NUMBER: | PLACE OF BIR | | <u> </u> | | TRY OF CITIZE | NSHIP: | |
| N | | 10024690 SOCCUPATION: | L | FL | SPN NUM | enen. | Щ., | ACCINOV OF IN | COLUN | IBIA CO | DUNTY | , UNIT | | ES OF AMERICA | |
| ' | SUBJECT | OCCUPATION. | | | SPIN INON | ADICIN; | | | AGENCY ORI NUMBER: 00.10100 | | SO ID / AGENCY ID / NUMBER: | | BOOKING NU | 3942 | |
| | LOCATION | OF ARREST: | 777 Y Y T T T T T T T T T T T T T T T T | *************************************** | L | | DATE OF | ARREST: | LTME OF ADDECT | (MILITARY) | BY)2 DATE OF BOOKING: | | | TIME OF BOOKING (MILITARY): | |
| | | W 11TH AVE | | FO FTO: | | 07/38/20 | | | 114 | first " | 07/26/2024 03360 AMILY MEMBER, KNOWN TO OFFICER, ETC.): | | | 0320 PZ | |
| | I . | DENTIFIED BY WHOM (VICTII FE. PAUL | M, WIINESS, L | EU, E1C.): | | | | ĺ | ID PHOT | HOTO ID, FAIVI | LY MEMBEK, | KNOWN IO O | FFICER, ETC.): | | |
| C | #1 (NAME): | | *************************************** | **** | DATE OF | BIRTH: RA | CE: SEX | | | ☐ AR | RESTED | | FELONY | JUVENILE: | |
| 0.5 | | | | | | | | | | U SW | ORN COMPL A | | MISSEMEANOI TRAFFIG CASE | | |
| Ę | #2 (NAME): | | | | DATE OF | BIRTH: LRA | CE: I SEX | : I COURT N | IUMBER; | | RESTED ORN COMPL | AINT | FELÓNY, MISDEMEANOR | JUVENILE: YES | |
| | JUVENICE | DISPOSITION: | NAME OF PAR | ENT / GUARDIAN (N | IOTIEIED [| Case: | 2024 CF | 002544 A | | ☐ NT. | | | TRAFFIC CASE | | |
| Ŭ | RELEA | SED TO JAC ONTA AND RELEASED | | in a contract to | iora ieu e | ' | | | | | | | WORKELLE | TIONE NOMBER. | |
| N | L | GUARDIAN HOME ADDRESS | (STREET, APAI | RTMENT #, PO BOX | , ETC.): | cn 00057 | 796648 | tet immer immin imtim & | 1694 M3662 M16M9 (W11 1MM) | ATE: | ZIP CODE | | HOMETELEP | HONE NUMBER: | |
| E | Cas | e# 01202 | <u>ACFO</u> | 102544 | H | | | | | | | | 0. | | |
| W | A AIALES | • | | | Ispaner | \a. | | | | | | | | (4.5 | |
| Ë | | | | | | | | | | | | | | | |
| Š | | | | | | | | | | | | | | | |
| CH | Drivi | ng while licen | 15e <i>5u</i> 5 | perded c | dusia | res fatal | MIS | ONY DEMEANOR AFFIC \(\begin{array}{c}\) NTA | (| -34 (| NAINCE NUIVIE | SER: | | YES NO | |
| Ä | ☐ WARR | _ | | | | DATE OF OFFE | | TIME OF OFFE | | BAIL AMOUNT: | מניני | ····· | L | : ☐ YES ☐ NO ☐ EPHONE NUMBER: | |
| Ĝ | CAPIAS NUMBER | A my Marie | SPP | | | 7/26/ | 24 | 18: | 41 | | | | | | |
| | VICTIM (NA | ME): | | | ADD | RESS (STREET, AF | PARTMENT N | JMBER, PO BOX, | ETC.): | YTC | '11 | ************************************** | | ZIP CODE: | |
| <u> </u> | OFFENSE | | stophe | | 12 | 130 NW | 31 | Ave 1 | COMPLETE ST | Gaine | | | FL | OTIFICATION: | |
| CH | Drain | DESCRIPTION: 17 Mile license | e surpe | uled cau | slug s | eras bo | Ø ☐ MIS | DEMEANOR | | - 341 | | | ARREST: | ☐YES ☐ NO | |
| A R | ☐ WARR | NT UJUVENILE PU ORD | ER CIVIL | ORDER CIT | ATION | DATE OF OFFE | | TIME OF OFFE | | BAIL AMOUNT: | | | | : ☐ YES ☐ NO ☐ PHONE NUMBER: | |
| G | □ CAPIAS NUMBER | | SAP | , | | 7/26/ | 24 | 181 | 41 | | | | | | |
| 2 | VICTIM (NA | MEI: | | | ADDE | RESS ISTREET AF | PARTMENT NI | IMBER POROX | FIC Y | TY. | *************************************** | | STATE: | ZID CODE: | |
| P | THE FOLLO | WING INCIDENT OCCURRED | D AT (ADDRES | S / LOCATION): | | CITY OF: | | | | Ic | OUNTY OF: | | | STATE OF: | |
| Q | 200 N | E 10TH AVE | | | | GAINI | ESVILL | Æ | | | ALAC | HUA | | FLORIDA | |
| EC | | riday, 07/20 | | | | itely 18 | 341 ho | urs, GI | | ers wh | o obs | erved | | | |
| Ŭ | | ation (Stop | | | | | | | | | | | | | |
| ¥ | | k 2017 Infir block of N | | | | | | | | | | | | | |
| S | ł . | orm and driv | | | | | | | | | | | | marked | |
| Ŭ | | layed. Off: | | | | | | | | | | | | gency | |
| MA | | ts (blue and | | | | | | | | | | | | | |
| Ŷ | west | of its inte | ersect | ion with | 1 NE | 2nd St. | | | | 15.00 | `* | | Tense 22 : | | |
| N | L MANUA | TORY APPEARANCE IN COU | MIAI; | | | | | | | DATEOFA | PPEARANCE: | ; | TIME OF APP | PEARANCE: AM | |
| T A | | ND PROMISE TO COMPLY AT R. WILLFUL REFUSAL TO AC | | | | | | | IDANT (SIGNATURI | <u> </u> =): | | ••••••••• | DATI | | |
| | UNDERS | TAND MY SIGNATURE IS NOT | T AN ADMISSIC | | | | TIT SICAL ARK | | *************************************** | | | | | | |
| IJ | SWORN TO | O AND SUBSCRIBED BEFORE | EMETHIS: | | 1 | 1124 | | | ABOVE, AND REV OF MY KNOWLED | | | ES AND STATI | EMENTS ARE T | RUE AND CORRECT | |
| R | SIGNATUI | | 100 | | | #97 | 17 | NAME (PRIN SIGNATURE | WHITE | PAUL | L | læ | | | |
| A T | TITLE | G-01 | 1/ | 7 | | | • | | AINESVILLE | POLICE | EDADTA | IENT IS | O ID NUMBER | 0001 | |

| ☑ ARREST ☐ SWORN COMPLAINT ☐ HOLD ☐ JUVENILE ☐ NOTICE TO APPE | | | | | | | | | TO APPEAR | | | |
|---|---|--|--|----------------------|---|---|---|----------------------------|--------------------------------|--|--|--|
| OBTS NUMBER: SPN NUMBER: | | | | | | | | | | | | |
| AG | ENCY OR NUMBER: | | | | AGE | AGENCY CASE REPORT NUMBER: | | | | | | |
| | 0010100 | EIG | HTH JUDIC | AL CIRC | | 02-24-010994 | | | | | | |
| D | NAME OF SUBJECT (LAST, FIRST, MI): | | | ALIAS / MAIDEN: | | | | | | | | |
| E | RACE: SEX: DATE | OF BIRTH: | HEIGHT: WEIGHT: | JAIL NUMBER | | | I SO ID / AGENC | Y IO / NUMBER | | | | |
| F | ☐ WHITE ☐ AMERICAN INDIAN ☐ M 12 | 2/29/2002 | 6'00 10 | 50 | | | | | - | | | |
| W | #3 (NAME): | ADDF | RESS: | | | *************************************** | | TELEPHON | IE NUMBER: | | | |
| COURTE | COLLINS, LAUREN N #4 (NAME): | 61 ADDE | 9 NW 10TH AVE | E <u>, GAINESV</u> | TLLE FL | 32601 | *************************************** | (941) | 661-9219 IE NUMBER: | | | |
| Š | | 1,00 | acos. | | | | | ILLEGRACIA | IC NOMBER. | | | |
| C | OFFENSE DESCRIPTION: | | | ELONY MISDEMEANOR | COMPLETE S | TATUTE / ORDINAN | ICE NUMBER: | | NOTIFICATION: T: YES NO | | | |
| H | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER | | | TRAFFIC 🗌 NTA | | ····· | ******************************* | RELEA | SE: YES NO | | | |
| R | ☐ CAPIAS | R CITATION | DATE OF OFFENSE: | TIME OF OFFEN | ISE: | BAIL AMOUNT: | | VICTIM'S TELEPHONE NUMBER: | | | | |
| E | NUMBER: VICTIM (NAME): | A | DDRESS (STREET, APARTMENT | NUMBER, PO BOX, E | TC.): | CITY: | | STATE: | ZIP CODE: | | | |
| | | | | | | | | | | | | |
| Ç | OFFENSE DESCRIPTION: | | | ELONY MISDEMEANOR | COMPLETE ST | TATUTE / ORDINAN | ICE NUMBER: | | NOTIFICATION: T: YES NO | | | |
| HA | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER | CITATION | | RAFFIC NTA | | BAIL AMOUNT: | | RELEA | SE: YES NO | | | |
| R | ☐ CAPIAS | . LI CHAHUN | DATE OF OFFENSE: | TIME OF OFFEN | ioe: | DAIL AWUUNT: | | | ELEPHONE NUMBER: | | | |
| E | NUMBER: VICTIM (NAME): | Ā | L DDRESS (STREET, APARTMENT | NUMBER, PO BOX, ET | rc.): | CITY: | · | STATE: | ZIP CODE: | | | |
| | | | | | | | | | - | | | |
| CH | OFFENSE DESCRIPTION: | | | ELONY MISDEMEANOR | COMPLETE ST | TATUTE / ORDINAN | ICE NUMBER: | TARRES | NOTIFICATION: T: YES NO | | | |
| A | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER | CITATION | DATE OF OFFENSE: | RAFFIC NTA | 95. 1 | BAIL AMOUNT: | · · | 1 4000 | SE: YES · NO ELEPHONE NUMBER: | | | |
| R | CAPIAS NUMBER: | | Bill of Gri Erice. | THE OF OFFER | 02. | JAR AWOONI. | | | ELEFHONE NOWDER. | | | |
| = | VICTIM (NAME): | AL | L DDRESS (STREET, APARTMENT | NUMBER, PO BOX, ET | (C.): | CITY: | y- | STATES | ZIP CODE: | | | |
| | | | *************************************** | ~~~~ | | ~~~~ | | ှု ငူစု | | | | |
| CH | OFFENSE DESCRIPTION: | | | ELONY MISDEMEANOR | COMPLETE ST | FATUTE / ORDINAN | ICE NUMBER: | ARRES | NOTIFICATION: T: YES INO | | | |
| A R | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER | CITATION | ☐ TRAFFIC ☐ NTA ☐ IDATE OF OFFENSE: TRAIL AN | | | BAIL AMOUNT: | *************************************** | | SE: YES NO ELEPHONE NUMBER: | | | |
| Ĝ | CAPIAS NUMBER: | | | | | | *** | | | | | |
| - | VICTIM (NAME): | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: | | | | CITY: | ************************************** | STATE: | ZIP CODE: | | | |
| | | | | | | | ······································ | <u> </u> | <u> </u> | | | |
| | As officers approached the Infiniti on foot, it hastily departed from the traffic stop | | | | | | | | | | | |
| | at a high rate of speed westbound on NE 10th Ave. The officers conducting the traffic | | | | | | | | | | | |
| P R | stop returned to their vehicle and turned off their patrol vehicle's overhead emergency | | | | | | | | | | | |
| ROS | lights. | | | | | | | | | | | |
| E | A short time later, the Infiniti was involved in a traffic crash (documented under CR | | | | | | | | | | | |
| Ų | | ersectio | on of NW 10th | Ave and | NW 6th | St. Th | nis traff | ic cr | ash | | | |
| IJį | } | | | | ehicle and the Infiniti's four occupants, | | | | | | | |
| Ě | including the DEF, being | | | | | | | | | | | |
| s | | injuries including fractures and lacerations. VIC 2 suffered a Traumatic Brain Injury, is intubated and not likely to survive. | | | | | | | | | | |
| M | | | | | | | | | | | | |
| MA | Upon the Infiniti coming | to rest | t yard of | 626 M | W 10th 1 | Ave, the | DEF (| later | | | | |
| R | | | | | | | | | | | | |
| offering any aid to the occupants of either vehicle. Despite suffering from an app broken ankle, the DEF ran from the scene and attempted to hide in the yard of a nea | | | | | | | | | | | | |
| _ ا | property (307 NW 11th Ave | a). Aft | er a perimet | er was se | et up a | nd a sus | spect des | | | | | |
| ŏ | broadcast, the DEF was lo | cated b | y a GPD K9 o | fficer co | onducti | ng a K9 | track. | | EF was | | | |
| T | taken into custody withou | | | | | | | | | | | |
| visible swelling on his ankle and was unable to walk without assistance. The N later admitted for further evaluation/treatment at UF Shands. | | | | | | | | DE | . was | | | |
| UE | | | | | | | | | | | | |
| D In addition to independent witnesses (WIT2 & WIT3) to the crash identifying the DEF as the driver who limped from the scene, a passenger (WIT1) in the Infiniti also identified | | | | | | | | | | | | |
| | che driver who limped fro | om the s | scene, a pass | enger (Wl | .TI) in | tne Ini | initi al | so ide | entified | | | |
| <u> </u> | L | | | | | | | | | | | |

Form Date (Revised 1/00) COURT STATE ATTORNEY AGENCY DEFENDANT PAGE 2 OF 4

| LI JUVENILE LI NOTICE TO APPEAR | | | | | | | | | | | | |
|---|---|--|--|---------------------|---|---------------------|--------------|--|--|-------------------------------|--|--|
| OBT'S NUMBER: SUPPLEMENT SPN NUMBER: | | | | | | | | | | | | |
| AG | ENCY ORI NUMBER: 0010100 | EIGHTH JUDICIAL CIRCUIT | | | | | | AGENCY CASE REPORT NUMBER: | | | | |
| - | NAME OF SUBJECT (LAST, FIRST, MI): | ALIAS/MAIDEN: | | | | | 02-24-010994 | | | | | |
| D | BAKER, EKIC JAVAH | | HEIGHT: WE | | T. 1411 111 11 11 11 11 11 11 11 11 11 11 | | | Leadin Magnetic | | | | |
| F | RACE: WHITE AMERICAN INDIAN SEX: DATE OF BIRTH: 12/29/21 | 202 | | | | | | SO ID / AGENCY | SO ID / AGENCY ID / NUMBER: | | | |
| W | #3 (NAME): | ADDRE | | 100 | _L | | | | TELEPHON | E NUMBER: | | |
| Ž | #4 (NAME): | ADDRE | SS. | | | | | | TELEPHONI | E NUMBER: | | |
| STHOOO | | | | | | | | | TCEET TOOM | _110110211 | | |
| CH | OFFENSE DESCRIPTION: | | ☐ FELONY COMPLE | | | | TATUTE / OR | DINANCE NUMBER: | VICTIM NOTIFICATION: ARREST: ☐ YES ☐ NO | | | |
| A R | □ WARRANT □ JUVENILE PU ORDER □ CIVIL ORDER □ CI | ATION | DATE OF OFFENSI | | FIC NTA | L SE: Te | BAIL AMOUN | Τ: | RELEASE: ☐ YES [VICTIM'S TELEPHONE NUI | | | |
| Ğ | CAPIAS NUMBER: | | | | | | | | | | | |
| - | VICTIM (NAME): | ADD | RESS (STREET, APAF | TMENT NU | MBER, PO BOX, ETC | C.): (C | CITY: | | STATE: | ZIP CODE: | | |
| С | OFFENSE DESCRIPTION: | L | | FELC | ONY | COMPLETE ST | TATUTE / OR | DINANCE NUMBER: | | NOTIFICATION: | | |
| HA | | | | | EMEANOR FFIC NTA | | | | ARREST: ☐ YES ☐ NO RELEASE: ☐ YES ☐ NO | | | |
| RG | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CIT ☐ CAPIAS | ATION | DATE OF OFFENSE | € | TIME OF OFFENS | E: E | BAIL AMOUN | T: | VICTIM'S TELEPHONE NUMBER: | | | |
| Ĕ | NUMBER: VICTIM (NAME): | ADD | RESS (STREET, APAR | TMENT NU | MBER, PO BOX, ETC | C.): C | CITY: | | STATE: | ZIP CODE: | | |
| | | | | | , | | | | - | | | |
| C | OFFENSE DESCRIPTION: | | | | EMEANOR | COMPLETE ST | TATUTE / OR | DINANCE NUMBER: | ARREST | NOTIFICATION: T: YES NO | | |
| A | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CI | ATION | | | FIC NTA | E: BAIL AMOUR | | r: | | SE: YES NO LEPHONE NUMBER: | | |
| RGE | ☐ CAPIAS NUMBER: | | | | | | | , , , , , , , , , , , , , , , , , , , | Co | | | |
| | VICTIM (NAME): | ADD | RESS (STREET, APAR | TMENT NU | MBER, PO BOX, ETC | C.): | CITY: | 4 5 7 4 | STATE | ZIP CODE; | | |
| CH | OFFENSE DESCRIPTION: | | | FELC | | COMPLETE ST | TATUTE / OR | DINANCE NUMBER: | | NOTIFICATION: I: YES INO | | |
| Α | □ WARRANT □ JUVENILE PU ORDER □ CIVIL ÖRDER □ CIVIL | | Tours or or or or | EMEANOR FIC NTA | □ NTA | | | RELEASE: YES NO VICTIM'S TELEPHONE NUMBER: | | | | |
| RGE | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CIT ☐ CAPIAS NUMBER: | AHON | TION DATE OF OFFENSE: TIME OF OFFENSE: BAIL AM | | | BAIL AMOUN | i: | TEPHONE NUMBER: | | | | |
| = | VICTIM (NAME): | ADD | I RESS (STREET, APAR | TMENT NUI | MBER, PO BOX, ETC | z.): c | CITY: | | STATE: | ZIP CODE: \(\sigma\) | | |
| - | the DEF as the driver. | | | | | | | | <u> </u> | <u> </u> | | |
| | An DMS shock margaled the DEE did not have a walid driver live with the City | | | | | | | | | | | |
| P | An RMS check revealed the DEF did not have a valid drivers license with the following suspensions on his DL record: | | | | | | | | | | | |
| R | 01/13/2021 CANC-INDEF DL CANCELLED -F.S. 322.08 (7) | | | | | | | | | | | |
| 1 = | \$ | | LLED -F.S | | | | | | | | | |
| C | 12/20/2021 SUSP-INDEF FAILE 12/20/2021 SUSP-INDEF FAILE | | | | | | | 8SE CO:01 | CT:1 CT:1 | | | |
| | | | FAILED T | | | OILIOND | | | CT:1 | | | |
| V E | 08/06/2020 SUSP-30 DAYS 12 PO | | | | | 5005 | 20001 | | | | | |
| S | 08/06/2020 FR-SUSP NON-3 | ODGE | EMENT SUS | PENS. | LON | 5325. | 30821 | | | | | |
| M | Additionally, the DEF has an | | | | | | | | | | | |
| M | Columbia County, FL (case num controlled substance. | ber | 2300712C | FA, t | valid 02 | /27/24) |) for | possession | of a | | | |
| A R Y | concrotted substance. | | | | | | | | | | | |
| - | | I Previously issued the DEF the following citations: FSS 316.1935 FATE (AJKAXSE); FSS | | | | | | | | | | |
| CO | 316.027/2B Leaving Crash Involving Death | | | s Pei | rsonal I | njury | (AJKA | xpe); FSS 3 | 16.027 | //2C | | |
| N | _ | - | - | | | | | | | 1 | | |
| li | | Due to electronic data issues with regard to RMS, I am re-submitting the following citations in addition to the original three. FSS 316.34(6)(a) No DL while Leaving Crash | | | | | | | | | | |
| U Citations in addition to the original three. FSS 316.34(6)(a) No DL while Involving Serious Personal Injury (A3CTSAP); FSS 316.34(6)(a) No DL while | | | | | | | | | | | | |
| D | Involving Serious Personal Ir | | | | | | | , | | | | |
| | | | | | | | | • | | | | |
| | 1 | | | | | | | | | | | |

COURT

STATE ATTORNEY

AGENCY

DEFENDANT

PAGE 3 OF 4

| | ARREST SWORN COMPLAINT HOLD |) T | | | | | | ☐ JUVENILE ☐ NOTICE TO APPEAR | | | |
|------------------|--|-------------------------|---|-------------|------------------------|---|----------------|-------------------------------|----------------------------|--|--|
| OB | TS NUMBER: | SUPPLEMENT | | | | | | SPN NUMBER: | | | |
| AG | ENCY ORI NUMBER: | EIGHTH JUDICIAL CIRCUIT | | | | | | AGENCY CASE REPORT NUMBER: | | | |
| _ | 0010100 | | | | | | | 02-24-010994 | | | |
| D | NAME OF SUBJECT (LAST, FIRST, MI): BAKER, ERIC JAVAH | | | 1 | ALIAS / MAIDEN: | • | | | | | |
| E | | OF BIRTH: | HEIGHT: WE | EIGHT: | JAIL NUMBER: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | SO ID / AGENCY | ID / NUMBER: | · • • • • • • • • • • • • • • • • • • • | |
| | BLACK ASIAN/ORIENTAL M 12 | 2/29/2002 | 6'00 | 160 | | | | | | | |
| W | #3 (NAME): | ADDR | ESS: | | | | | , | TELEPHONE | NUMBER: | |
| STRONO | #4 (NAME): | ADDR | ESS: | | | | | *** | TELEPHONE | NUMBER: | |
| Š | | | | | | | | | | | |
| CH | OFFENSE DESCRIPTION: | , | | FELO | INY EMEANOR | COMPLETE STATU | TE / ORDINANCE | NUMBER: | ARREST | iotification: : | |
| A R | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDEF | CITATION | DATE OF OFFENSE | | FIC NTA | F BAN | AMOUNT: | | | E: YES NO | |
| Ğ | CAPIAS NUMBER: | | | | THE OF OFFERE | , <u>.</u> | encon. | | VICTIM'S TELEPHONE NUMBER: | | |
| = | VICTIM (NAME): | AE | DORESS (STREET, APAR | TMENT NUM | J MBER, PO BOX, ETI | C.): CITY: | | | STATE: | ZIP CODE: | |
| | OFFENSE DESCRIPTION: | | | | | | | | <u> </u> | | |
| CH | OFFENSE DESCRIPTION: | | | | EMEANOR | COMPLETE STATU | TE / ORDINANCE | NUMBER: | ARREST | IOTIFICATION: : YES NO | |
| | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDEF | CITATION | DATE OF OFFENSE | | FIC NTA | E TRAIL | AMOUNT: | | | E: YES NO LEPHONE NUMBER: | |
| A R G E | CAPIAS NUMBER: | | | | | | | | 107,4110 12. | ion nomban | |
| = | VICTIM (NAME): | AC | DRESS (STREET, APAR | TMENT NUM | MBER, PO BOX, ETC | C.): CITY: | | | STATE: | ZIP CODE: | |
| | OFFENSE DESCRIPTION: | | | 10 | *n/ | COMPLETE STATU | F (000) MOS | 10 g mm | Lygoryan | OTIFICATION: | |
| C | STERE SESSION NO. | | | | EMEANOR | COMPLETESTATO | IE I ORDINANCE | NUMBER, | ARREST | YES NO | |
| AR | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDEF | CITATION | DATE OF OFFENSE | | FIC | E: BAIL/ | MOUNT: | | | EPHONE NUMBER: | |
| G | CAPIAS NUMBER: | | | | | | | | | | |
| | VICTIM (NAME): | . AC | DRESS (STREET, APAR | TMENT NUM | MBER, PO BOX, ET | C.): CITY: | | | STATE: | Z/P CODE: | |
| - | OFFENSE DESCRIPTION: | | | FELO | NY | COMPLETE STATU | TE / ORDINANCE | NUMBER: | VICTIMA | OTIFICATION: | |
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| R | ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CAPIAS | CITATION | DATE OF OFFENSE | | TIME OF OFFENS | E: BAIL / | MOUNT: | | VICTIM'S TEL | EPHONE NUMBER: | |
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