

☒ ARREST ☐ SWORN COMPLAINT ☐ HOLD

# EIGHTH JUDICIAL CIRCUIT

☐ GPA ☐ JUVENILE ☐ NOTICE TO APPEAR

OBTS NUMBER:

0108042874

AGENCY CASE REPORT NUMBER:

02-24-000047

NAME OF SUBJECT (LAST, FIRST, MI):

SMYDER, KAREN LEA

ALIAS / MAIDEN:

911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.):

GAINESVILLE

CITY:

FL

STATE:

32605

ZIP CODE:

TELEPHONE NUMBER:

BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):

MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):

SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):

RACE: ☒ WHITE ☐ AMERICAN INDIAN ☐ BLACK ☐ ASIAN / ORIENTAL SEX: **F** DATE OF BIRTH: **07/05/1958** HEIGHT: **5'06** WEIGHT: **120** HAIR COLOR: **BROWN** EYE COLOR: **BLUE** COMPLEXION: **LIGHT** BUILD: **5'9 11**

DRIVERS LICENSE / STATE ID NUMBER:

S536512587451

STATE OF DL / ID:

FL

SOCIAL SECURITY NUMBER:

PHOTO NUMBER:

PLACE OF BIRTH:

Greensburg, PA

COUNTRY OF CITIZENSHIP:

US

SUBJECT'S OCCUPATION:

SPN NUMBER:

AGENCY ORI NUMBER:

SO ID / AGENCY ID / NUMBER:

BOOKING NUMBER:

LOCATION OF ARREST:

29TH TER

DATE OF ARREST:

01/01/2024

TIME OF ARREST (MILITARY):

23:00

DATE OF BOOKING:

01/02/2024

TIME OF BOOKING (MILITARY):

00:01

ARRESTED BY WHOM (VICTIM, WITNESS, LEO, ETC.):

MILMAN, ANDREW

SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):

FL DL

#1 (NAME): DATE OF BIRTH: RACE: SEX: COURT NUMBER: ☐ ARRESTED ☐ FELONY ☐ JUVENILE: ☐ SWORN COMPLAINT ☐ MISDEMEANOR ☐ YES ☐ NO ☐ NTA ☐ TRAFFIC CASE ☐ NO

JUVENILE DISPOSITION: ☐ RELEASED TO JAC ☐ ISSUED NTA AND RELEASED NAME OF PARENT / GUARDIAN (NOTIFIED ☐ YES ☐ NO): WORK TELEPHONE NUMBER:

PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.): CITY: STATE: ZIP CODE: HOME TELEPHONE NUMBER:

#1 (NAME): ADDRESS: #2 (NAME): ADDRESS:

CHARGE 1 OFFENSE DESCRIPTION: CORRUPTION BY THREAT AGAINST PUBLIC SERVANT ☒ FELONY ☐ MISDEMEANOR ☐ TRAFFIC ☐ NTA COMPLETE STATUTE / ORDINANCE NUMBER: 838-021 VICTIM NOTIFICATION: ARREST: ☐ YES ☒ NO RELEASE: ☐ YES ☒ NO

☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION DATE OF OFFENSE: 01/01/2024 TIME OF OFFENSE: 23:15 BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER: (352) 393-7600

VICTIM (NAME): MILMAN, ANDREW CHARLES ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): 545NW 8TH AVE CITY: GAINESVILLE STATE: FL ZIP CODE: 32601

CHARGE 2 OFFENSE DESCRIPTION: MAKING FALSE 911 CALL ☒ FELONY ☐ MISDEMEANOR ☐ TRAFFIC ☐ NTA COMPLETE STATUTE / ORDINANCE NUMBER: 365-172/14 VICTIM NOTIFICATION: ARREST: ☐ YES ☒ NO RELEASE: ☐ YES ☒ NO

☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION DATE OF OFFENSE: 01/01/2024 TIME OF OFFENSE: 22:20 BAIL AMOUNT: VICTIM'S TELEPHONE NUMBER:

VICTIM (NAME): The State Of Florida ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:

PROSECUTIVE SUMMARY THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): 29TH TER CITY OF: GAINESVILLE COUNTY OF: ALACHUA STATE OF: FLORIDA

On the above date and time the DEF called 911 and pretended that she was being held down against her will and said "he going to kill me". During the 13 minute phone call the DEF said numerous times "he is going to kill me! Get away from me. Stop, he is going to kill me." This phone call prompted approximately 10 police officers, 1 fire truck, and an ambulance to respond lights and sirens to her home. This multiagency response costs at least \$1,000. The DEF did not provide the 911 operator her address and the general address was determined by using a 911 phone ping. Officers ultimately responded and ended up at the DEF's next door neighbor's house. The DEF's next door neighbor was not

NTA ☐ MANDATORY APPEARANCE IN COURT AT: DATE OF APPEARANCE: TIME OF APPEARANCE: ☐ AM ☐ PM

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS. DEFENDANT (SIGNATURE): DATE:

JURAT SWORN TO AND SUBSCRIBED BEFORE ME THIS: 2 DAY OF January 2024 I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NAME (PRINT): MILMAN, ANDREW C SIGNATURE: DATE:

TITLE: 01/0 AGENCY: GAINESVILLE POLICE DEPARTMENT LEO ID NUMBER: 1129



|                                      |                                                                                                                                                                         |                                |                                     |                        |                                                   |                                                                                                                                          |                                                                                                                                                               |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OBTs NUMBER:                         |                                                                                                                                                                         | <b>SUPPLEMENT</b>              |                                     |                        |                                                   | SPN NUMBER:                                                                                                                              |                                                                                                                                                               |
| AGENCY ORI NUMBER:<br><b>0010100</b> |                                                                                                                                                                         | <b>EIGHTH JUDICIAL CIRCUIT</b> |                                     |                        |                                                   | AGENCY CASE REPORT NUMBER:<br><b>02-24-000047</b>                                                                                        |                                                                                                                                                               |
| DEF                                  | NAME OF SUBJECT (LAST, FIRST, MI):<br><b>SMYDER, KAREN LEA</b>                                                                                                          |                                |                                     |                        |                                                   | ALIAS / MAIDEN:                                                                                                                          |                                                                                                                                                               |
|                                      | RACE:<br><input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN<br><input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL | SEX:<br><b>F</b>               | DATE OF BIRTH:<br><b>07/05/1958</b> | HEIGHT:<br><b>5'06</b> | WEIGHT:<br><b>120</b>                             | JAIL NUMBER:<br><br>SO ID / AGENCY ID / NUMBER:                                                                                          |                                                                                                                                                               |
| WITNESSES                            | #3 (NAME):                                                                                                                                                              |                                | ADDRESS:                            |                        |                                                   | TELEPHONE NUMBER:                                                                                                                        |                                                                                                                                                               |
|                                      | #4 (NAME):                                                                                                                                                              |                                | ADDRESS:                            |                        |                                                   | TELEPHONE NUMBER:                                                                                                                        |                                                                                                                                                               |
| CHARGE                               | OFFENSE DESCRIPTION:                                                                                                                                                    |                                |                                     |                        |                                                   | <input type="checkbox"/> FELONY<br><input type="checkbox"/> MISDEMEANOR<br><input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA |                                                                                                                                                               |
|                                      | <input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION                      |                                | DATE OF OFFENSE:                    |                        | TIME OF OFFENSE:                                  | BAIL AMOUNT:                                                                                                                             | VICTIM NOTIFICATION:<br>ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHARGE                               | <input type="checkbox"/> CAPIAS<br>NUMBER:                                                                                                                              |                                | VICTIM (NAME):                      |                        | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): |                                                                                                                                          | CITY: STATE: ZIP CODE:                                                                                                                                        |
|                                      | OFFENSE DESCRIPTION:                                                                                                                                                    |                                |                                     |                        |                                                   | <input type="checkbox"/> FELONY<br><input type="checkbox"/> MISDEMEANOR<br><input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA |                                                                                                                                                               |
| CHARGE                               | <input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION                      |                                | DATE OF OFFENSE:                    |                        | TIME OF OFFENSE:                                  | BAIL AMOUNT:                                                                                                                             | VICTIM NOTIFICATION:<br>ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                      | <input type="checkbox"/> CAPIAS<br>NUMBER:                                                                                                                              |                                | VICTIM (NAME):                      |                        | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): |                                                                                                                                          | CITY: STATE: ZIP CODE:                                                                                                                                        |
| CHARGE                               | OFFENSE DESCRIPTION:                                                                                                                                                    |                                |                                     |                        |                                                   | <input type="checkbox"/> FELONY<br><input type="checkbox"/> MISDEMEANOR<br><input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA |                                                                                                                                                               |
|                                      | <input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION                      |                                | DATE OF OFFENSE:                    |                        | TIME OF OFFENSE:                                  | BAIL AMOUNT:                                                                                                                             | VICTIM NOTIFICATION:<br>ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHARGE                               | <input type="checkbox"/> CAPIAS<br>NUMBER:                                                                                                                              |                                | VICTIM (NAME):                      |                        | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): |                                                                                                                                          | CITY: STATE: ZIP CODE:                                                                                                                                        |
|                                      | OFFENSE DESCRIPTION:                                                                                                                                                    |                                |                                     |                        |                                                   | <input type="checkbox"/> FELONY<br><input type="checkbox"/> MISDEMEANOR<br><input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA |                                                                                                                                                               |
| CHARGE                               | <input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION                      |                                | DATE OF OFFENSE:                    |                        | TIME OF OFFENSE:                                  | BAIL AMOUNT:                                                                                                                             | VICTIM NOTIFICATION:<br>ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                      | <input type="checkbox"/> CAPIAS<br>NUMBER:                                                                                                                              |                                | VICTIM (NAME):                      |                        | ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): |                                                                                                                                          | CITY: STATE: ZIP CODE:                                                                                                                                        |

complaint with officers on scene and force ultimately had to be used to detain him. Investigation revealed that the next door neighbor was an uninvolved citizen and only had police contact due to the DEF's 911 phone call. Upon contact with law enforcement the DEF was still on the phone with the 911 operator and initially refused to hang up the phone to speak with LEO. Investigation revealed that the DEF was in her home alone and there was no present threat at all to the DEF. The entire 911 phone call was recorded.

Post Miranda, the DEF admitted that she called 911 and that she was on the phone with dispatch. The DEF also admitted that she was in the home alone and there was no one threatening her. The DEF stated that she called 911 based on events that had happened in the past and not because of anything that was currently happening.

While in route to the jail the DEF repeatedly threatened to kill me and other officers on scene. The DEF stated, "You're all dead" two separate times. The DEF also stated "my brother is going to hurt you" and also said "ill kick you". The DEF also stated "ill get you" which I interpreted as a threat to my safety. All of these threats were clearly because I had arrested her and was taking her to jail. The DEF's threats were an attempt to make me release her.

The DEF was identified by her FL DL picture.