

AM



# Sworn Complaint

ALACHUA COUNTY SHERIFFS OFFICE  
2621 SE HAWTHORNE RD

2023CF3001A

Report Date / Time 9/19/2023 01:29 PM	Report Number ASOCHG00006369M	Case Number/Cad Number ASO23OFF008265 / 091923-0302	Reporting Officer Name SMITH, LLOYD E
Originating Agency ORI FL0010000	Occur Date Time Range 09/19/2023 10:40:21 - 09/19/2023 12:40:00	Jurisdiction ASO	
OBTS Number	Other Number	Clearance	

### Location of Occurrence

County ALACHUA	Location Type BUSINESS	Location Description			
Street Number 4300	Street SW 13TH ST	Apt/Lot/Bldg	City GAINESVILLE	State FL	Zip Code 32608

### Suspect

First Name JOSEPH	Middle Name	Last Name SHERRILL	Suffix	Race WHITE	Sex MALE	Height 5'09"	Weight 170	Hair BLD	Eyes BLU
MNI # ASO10MNI010140	SSN [REDACTED]	Date of Birth 03/19/1980	Age 43	ID Type	Drivers License or other ID [REDACTED]	State FL	OCA / Agency ID 201601632		
Place of Birth:	CALIFORNIA US								
Address * / HOMELESS , , / (352)284-0443									

### Warrant Affidavit

Sent to Court Date/Time	Affidavit Status	Affidavit Disposition	Affidavit Disposition Date/Time
Court County	Court	Court Location	
Comments			

### Charge :

Counts 1	Charge 790.162	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level FELONY		
General Offense Code COMMITTED	Arrest Offense Code THREAT TO BOMB		
Charge Description THREATEN DISCHARGE DESTRUCTIVE DEVICE			
Administrative Code - Description -			

### Probable Cause

On 09/19/23 at approximately 1040 hours, I responded to Meridian Behavioral Health due to a subject calling a bomb

FILED  
OK 57  
2023 SEP 22 PM 2:30  
J.K. [unclear]  
CLERK OF COURT  
ALACHUA COUNTY FL



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threat.

The complainant [REDACTED] informed ACSO that a subject that Meridian has had issues with in the past and defendant in this case, Joseph Sherrill, was calling in and was irate. She stated that he has made several threats of violence to Meridian, particularly to "bring a bomb and blow everyone up" and "bring an assault rifle and kill everyone". She informed me that she was able to confirm that the phone number (352-284-0443) that appeared on the caller ID when the bomb threat was made was in fact the defendant's phone number. However, the phone line which he was transferred to is not recorded. Additionally, she has had personal interactions with the defendant in the past and was able to identify his voice on the phone. She also provided a sworn written statement stating all of the above facts.

During a phone conversation with the defendant, he identified himself via name and date of birth, at 352-284-0443 which is the same number that called the threats. He denied making any threats over the phone and stated that he was irate with Meridian for a perceived breach of his HIPPA protected information. He refused to meet in person or to give me any location information so that I could speak with him in person. All attempts to locate the defendant were unsuccessful.

Due to the above information, Joseph is charged with threatening to discharge a destructive device via sworn complaint.

**Person: VICTIM**



First Name	Middle Name	Last Name	Suffix	Race	Sex	Height	Weight	Hair	Eyes
[REDACTED]	[REDACTED]	[REDACTED]		WHITE	FEMALE	5'04"			
MNI #	SSN	Date of Birth	Age	ID Type	Drivers License or other ID	State	OCA / Agency ID		
	[REDACTED]	[REDACTED] 1997	25	E	[REDACTED]	FL			
Place of Birth:									
Address									
* / [REDACTED] SW [REDACTED] TH ST , GAINESVILLE, FL 32608 /									

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
SMITH, LLOYD E DEPUTY 1389	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE T1 DAYS

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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

**Reporting Officer**

Officer Name SMITH, LLOYD E	Office Rank DEPUTY	Officer ID No 1389	Sworn and subscribed before me, the undersigned authority This the <u>19</u> day of <u>SEPTEMBER</u> , <u>2023</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE			
Officer Signature 			

<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
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