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WARRANT SERVED

ALACHUA COUNTY SHERIFF'S OFFICE 2621 SE HAWTHORNE RD GAINESVILLE. FLORIDA 32641

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Warrant Date/Time Report No			Number			Case Number/CAD Number				Reporting Officer Name >						
11/29/2023 00:00 ASO23V			VAR005139							Reporting Officer Name KRAMME, JARED						
Court Case Number		Court Warrant Number								Other Nur	mber		· · · · · ·	5		
012023MM0013					***************						9075582	26	ζ			
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County				City						State				Zip		
	GAINESVILLE						FL				32608					
Sugnest																
Suspect First Name		Middle Name		Last Na			Suffix		Date Of B	irth	Age		T _F	Race		Sex
		PAUL	MCCULLEN			1 1			'		53	- 1		VHITE		MALE
	MNI		Dinon	Of Birth				Heigh	L		eight		Hair	***************************************	E	es
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1303 SW 13TH ST APT 204																
County			City						State Zip			Pho	ne Num	ber	Ex	tension
Alachua			GAINESVILLE					FL	3260	2608 352-872-2121						
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Page 1 of 3

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Warrant Date/Time		1	Report Number			Case Number/CAD Number				Reporting Officer Name					
11/29/2023 00:00			/	ASO23WAR005139							KRAMME, JARED				
Court Case Number 012023MM001322A					Court Warrant	1				Other Number 90755826					
		gency ORI		1	Occurrence Date Tim	e Range		Jurisdiction	100,00		***************************************	······································	***************************************		
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					ž.						MILLER-J	ON			
Co	urt Locatio	on 1					Court Location	on 2		-					
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	1	489.127.1	f		•		COMMITTED						-		
Ch	arge Degr	ee	C	Charge Level			st Offense Code		<u></u>						
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	Counts	Charge					General Offense	eneral Offense Code					No Bond		
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Ch	arge Degr	ee	C	harge Leve		st Offense Code Description									
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-	arge Desc	ription										*************	***		
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Ori	ginal Chai	ge										_			
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1	OTHER														
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					City			State	·	Zip		.,			
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ALACHUA . GAIN					GAINESVILLE	IESVILLE TL				34007					

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Warrant Date/Time	Report Number	ımber		Case Number/CAD Number			Reporting Officer Name			
11/29/2023 00:00	ASO23WAR0	05139				KRAMME, JARED				
Court Case Number 012023MM001322A					Other Number 90755826					
Originating Agency ORI	rrence Date Time	e Range		Jurisdiction			***************************************			
FL0010000										
Received From Court	Court County		Court				Judge			
			ı				MILLER-JON			
Court Location 1		Court Location	on 2		,					

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

Officer Rank

Officer ID No

KRAMME, JARED

DEPUTY

1315

Officer Agency

ALACHUA COUNTY SHERIFF'S OFFICE

Sworn and subscribed before me, the undersigned authority

This the ____ day of ___

DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT

OFFICER

Officer Name Officer Rank

Involvement On Report

ID#

Org/Unit

Officer Agency

CARAWAY, KELLY A

CIVILIAN

0401

WARRANTS

ALACHUA COUNTY SHERIFF'S OFFICE

