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ORTS NUMBER: <b>012024 MM 001732A</b>	AGENCY CASE REPORT NUMBER: <b>02-24-012282</b>
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NAME OF SUBJECT (LAST, FIRST, MI): <b>MCMAHON, JAMIRIAH LETRON</b>		ALIAS / MAIDEN: <b>ASE02AJBN 004429</b>	
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>10785 NW 110TH ST</b>	CITY: <b>REDDICK</b>	STATE: <b>FL</b>	ZIP CODE: <b>32686</b>
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>OCALA, FL</b>		TELEPHONE NUMBER: <b>(352) 723-1012</b>	

Mailing Address (PO Box, Etc. if different than 911 address):		SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):						
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: <b>M</b>	DATE OF BIRTH: <b>09/07/1989</b>	HEIGHT: <b>5'09</b>	WEIGHT: <b>190</b>	HAIR COLOR: <b>BLACK</b>	EYE COLOR: <b>BROWN</b>	COMPLEXION: <b>BLACK</b>	BUILD:
DRIVERS LICENSE / STATE ID NUMBER: <b>M255432893270</b>	STATE OF DL / ID: <b>FL</b>	SOCIAL SECURITY NUMBER:	PHOTO NUMBER:	PLACE OF BIRTH: <b>OCALA, FL</b>	COUNTRY OF CITIZENSHIP: <b>UNITED STATES OF AMERICA</b>			
SUBJECT'S OCCUPATION: <b>P.E. COACH</b>		SPN NUMBER:	AGENCY ORI NUMBER: <b>0010100</b>	SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:			
LOCATION OF ARREST: <b>5200 SW 34TH ST</b>		DATE OF ARREST: <b>08/22/2024</b>	TIME OF ARREST (MILITARY): <b>22:38</b>	DATE OF BOOKING: <b>08/22/2024</b>	TIME OF BOOKING (MILITARY): <b>23:13</b>			

SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): <b>ANDA, JOHN</b>	SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.): <b>FL DL</b>
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#1 (NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT <input type="checkbox"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
#2 (NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT <input type="checkbox"/> NTA	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFY):	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:
PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):		WORK TELEPHONE NUMBER:		

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

OFFENSE DESCRIPTION: <b>SIMPLE BATTERY (DOMESTIC)</b>	<input type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: <b>784-03 DOM</b>	VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	DATE OF OFFENSE: <b>08/22/2024</b>	TIME OF OFFENSE: <b>21:00</b>	BAIL AMOUNT:
VICTIM (NAME):		VICTIM'S TELEPHONE NUMBER:	

OFFENSE DESCRIPTION:	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO
<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 (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:
		STATE:	ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): <b>5200 SW 34TH ST</b>	CITY OF: <b>GAINESVILLE</b>	COUNTY OF: <b>ALACHUA</b>	STATE OF: <b>FLORIDA</b>
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On the above date and approximate time, the DEF and the VIC got into verbal argument regarding a date night they planned. The verbal argument lead to the DEF grabbing the VIC from behind, with his two hands on her sides, and then slammed the VIC into the DEF's vehicle door. The unwanted touch was described as a bear hug.

During the course of the described bear hug, the VIC was audio recording their conversation with her cell phone in her pocket, and attempted to take her phone out to call 9-1-1. The DEF then grabbed the VIC's cell phone, from the VIC's hand, and threw it

<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:	DATE OF APPEARANCE:	TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> 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:

SWORN TO AND SUBSCRIBED BEFORE ME THIS: <b>23rd</b> DAY OF <b>August</b> <b>2024</b>	I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
SIGNATURE: <i>[Signature]</i>	NAME (PRINT): <b>ANDA, JOHN P.</b>
TITLE: <b>LEO</b>	SIGNATURE: <i>[Signature]</i>
	AGENCY: <b>GAINESVILLE POLICE DEPARTMENT</b> LEO ID NUMBER: <b>1187</b>

Contains Marsy's Law  
 Confidential and Protected  
 Crime Victim Information

AUG 23 '24 AM 12:21  
 3

# SUPPLEMENT EIGHTH JUDICIAL CIRCUIT

OBTS NUMBER: \_\_\_\_\_

AGENCY OR NUMBER: **0010100**

SPN NUMBER: \_\_\_\_\_

AGENCY CASE REPORT NUMBER: **02-24-012282**

NAME OF SUBJECT (LAST, FIRST, MI): **MCMAHON, JAMIRIAH LETRON** ALIAS / MAIDEN: \_\_\_\_\_

RACE:  WHITE  AMERICAN INDIAN  BLACK  ASIAN / ORIENTAL  
 SEX: **M** DATE OF BIRTH: **09/07/1989** HEIGHT: **5'09** WEIGHT: **190** JAIL NUMBER: \_\_\_\_\_ SO ID / AGENCY ID / NUMBER: \_\_\_\_\_

#3 (NAME): \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

#4 (NAME): \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CHARGE OFFENSE DESCRIPTION: \_\_\_\_\_  FELONY  MISDEMEANOR  TRAFFIC  NTA COMPLETE STATUTE / ORDINANCE NUMBER: \_\_\_\_\_ VICTIM NOTIFICATION: ARREST:  YES  NO RELEASE:  YES  NO

WARRANT  JUVENILE PU ORDER  CIVIL ORDER  CITATION DATE OF OFFENSE: \_\_\_\_\_ TIME OF OFFENSE: \_\_\_\_\_ BAIL AMOUNT: \_\_\_\_\_ VICTIM'S TELEPHONE NUMBER: \_\_\_\_\_

CAPIAS NUMBER: \_\_\_\_\_

VICTIM (NAME): \_\_\_\_\_ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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WARRANT  JUVENILE PU ORDER  CIVIL ORDER  CITATION DATE OF OFFENSE: \_\_\_\_\_ TIME OF OFFENSE: \_\_\_\_\_ BAIL AMOUNT: \_\_\_\_\_ VICTIM'S TELEPHONE NUMBER: \_\_\_\_\_

CAPIAS NUMBER: \_\_\_\_\_

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WARRANT  JUVENILE PU ORDER  CIVIL ORDER  CITATION DATE OF OFFENSE: \_\_\_\_\_ TIME OF OFFENSE: \_\_\_\_\_ BAIL AMOUNT: \_\_\_\_\_ VICTIM'S TELEPHONE NUMBER: \_\_\_\_\_

CAPIAS NUMBER: \_\_\_\_\_

VICTIM (NAME): \_\_\_\_\_ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROSECUTIVE SUMMARY CONTINUED

in the area of where the WIT was located and parked. It should be noted, the VIC advised she did not know if the DEF was aware if she was trying to call 9-1-1. The VIC's cell phone did not audio record the described incident above.

Following the DEF throwing the VIC's cell phone, the VIC ran to the WIT, and requested the WIT to call the police. There were no visible injuries on the VIC and or damage to the VIC's cell phone. This incident occurred in the Publix parking lot.

The WIT advised she was she was at her vehicle when she heard the DEF screaming at the VIC. The WIT observed the DEF grab the VIC from behind as she was trying to walk away. However, she was uncertain if the DEF slammed the VIC into the DEF's vehicle.

Post Miranda, the DEF admitted to grabbing the VIC from behind, as described above, and throwing her cell phone. However, the DEF advised the VIC approached him, and struck him in the face. He could not described how the VIC struck him. LEO observed a small cut on the bottom of the DEF's lip. The DEF advised he threw the cell phone because the VIC was recording him. He did not know she was trying to call 9-1-1.

The VIC denied striking the DEF and the injury could have happened when the DEF grabbed her from behind.

The VIC and the DEF have three year old child in common, have a shared custody agreement, and do not live together as a family unit.

The DEF was identified by his FL DL.

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AGENCY ORI NUMBER:  
**0010100**

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AGENCY CASE REPORT NUMBER:  
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CAPIAS NUMBER: VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:

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CAPIAS NUMBER: VICTIM (NAME): ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CITY: STATE: ZIP CODE:

PROSECUTIVE SUMMARY - CONTINUED

2024 AUG 23 AM 8:09  
CLERK OF DISTRICT COURT  
ALACHUA COUNTY, FL