

4368

Arrest Report



ALACHUA COUNTY SHERIFFS OFFICE
2621 SE HAWTHORNE RD

Report Date / Time 8/22/2024 08:53 AM	Report Number ASOCHG00009758M	Case Number/Cad Number ASO24OFF007270 / 082224-0185	Reporting Officer Name MEANS, ZACHARY A
Originating Agency ORI FL0010000	Occur Date Time Range 08/22/2024 08:00:28 -	Jurisdiction ASO	
OBTS Number 24-4415	Other Number 0108066915	Clearance	

Location of Occurrence

County ALACHUA	Location Type RESIDENCE	Location Description			
Street Number 2000	Street SW 44th Ave	Apt/Lot/Bldg	City ALACHUA COUNTY UNINC	State FL	Zip Code 32608

Suspect

First Name HAROLD	Middle Name GLENN	Last Name WOODS	Suffix 3	Race BLACK	Sex MALE	Height 5'9"	Weight 150	Hair BK	Eyes BRO
MNI # ASO20MNI014524	SSN [REDACTED]	Date of Birth 07/15/1997	Age 27	ID Type DL	Drivers License or other ID W320347972550	State FL	OCA / Agency ID 2024 AUG 23 AM 8:10 ALACHUA COUNTY SHERIFFS OFFICE		
Place of Birth:	FL UNITED STATES								
Address * / [REDACTED] ALACHUA COUNTY [REDACTED]									

Arrest Report Data

Question Domestic Violence	Answer Yes
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Arrest

Arrest Date/Time 8/22/2024 9:32:30 AM	Arrest Location Type RESIDENCE	Arrest Location Description				
Street Number [REDACTED]	Street [REDACTED]	Apt/Lot/Bldg	County ALACHUA	City ALACHUA COUNTY UNINC	State FL	Zip Code 32608

Charge :

Case # 2024MM001728A

Counts 1	Charge 784.03.1a1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR		
General Offense Code COMMITTED	Arrest Offense Code BATTERY		
Charge Description TOUCH OR STRIKE			
Administrative Code - Description -			

Probable Cause

Arrest Report



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On the above date and time the Defendant Harold Glenn Woods III did knowingly and willingly commit battery on Victim [REDACTED] by grabbing her by the shirt collar as she attempted to walk away.

Harold and [REDACTED] are domestic partners who reside together and have a child in common [REDACTED]

Upon arrival at the residence I made contact with [REDACTED] who advised during an altercation with Harold he grabbed her by the collar as she was attempting to walk away with their child [REDACTED]. After concluding speaking with [REDACTED] I went to speak with Harold.

When requested Harold provided his account of events and he advised the following. He stated that the couple had been arguing earlier in the morning and [REDACTED] departed to take her daughter to school. He received a text from [REDACTED] requesting that he feed [REDACTED] and he did so as she had not yet made it back to the residence. When she returned she went to the crib where [REDACTED] was located and picked him up to leave. As she was walking away Harold admitted to grabbing [REDACTED]'s collar as she walked away to prevent her from leaving. He stated that he maintained a grip on her collar for three to four seconds then let go.

A small mark was left from the collar on [REDACTED]'s neck which was photographed by D/S Patten.

Due to the unwanted touch Harold was charged with Battery and transported to ACSO DOJ without incident. A check was run for previous convictions which was negative.

024 AUG 23 AM 8:10
OK 04
ALACHUA COUNTY, FL

Jail Booking Facility

Booking Date/Time 8/22/2024 09:33 AM	Booking County ALACHUA	Booking Facility ALACHUA COUNTY JAIL	Booking Facility Phone (352) 491-4460
Booking Facility Location 3333 NE 39TH AVE GAINESVILLE, FLORIDA 32609		Booking Number	
Booking Comments			

Person: VICTIM

First Name [REDACTED]	Middle Name [REDACTED]	Last Name [REDACTED]	Suffix	Race	Sex	Height	Weight	Hair	Eyes
MNI # [REDACTED]	SSN [REDACTED]	Date of Birth [REDACTED]	Age 27	ID Type	Drivers License or other ID [REDACTED]	State FL	OCA / Agency ID		
Place of Birth:									
Address * / [REDACTED]									

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OBTS Number	Other Number	Clearance	

Person: OTHER

First Name	Middle Name	Last Name	Suffix	Race	Sex	Height	Weight	Hair	Eyes
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]		30	[REDACTED]	[REDACTED]
MNI #	SSN	Date of Birth	Age	ID Type	Drivers License or other ID	State	OCA / Agency ID		
ASO24MNI011641		[REDACTED]	0						
Place of Birth:									
Address									
* [REDACTED]									

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
MEANS, ZACHARY A DEPUTY 1624	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE T2 DAYS

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 MEANS, ZACHARY A	Office Rank DEPUTY	Officer ID No 1624	Sworn and subscribed before me, the undersigned authority This the <u>22</u> day of <u>August</u> , <u>2024</u>
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE			DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Signature <i>Zachary Means</i>			<i>D/O C Miller</i>

No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney _____ Date _____

2024 AUG 23 AM 8:10
 ALACHUA COUNTY, FL
 CLERK OF COURT
 #8