

ARREST  SWORN COMPLAINT  HOLD

# EIGHTH JUDICIAL CIRCUIT

JUVENILE  NOTICE TO APPEAR

AGENCY CASE REPORT NUMBER:

02-24-011241

OBTS NUMBER:		NAME OF SUBJECT (LAST, FIRST, MI): <b>ELLISON, DAVID LEE JR</b>		ALIAS/MAIDEN:	
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>308 NW 3RD ST</b>		CITY: <b>TRENTON</b>		STATE: <b>FL</b>	ZIP CODE: <b>32693</b>
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		TELEPHONE NUMBER: <b>(352) 679-0994</b>		TELEPHONE NUMBER:	
MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):		SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):			
RACE: <input checked="" type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK	SEX: <b>M</b>	DATE OF BIRTH: <b>06/12/1999</b>	HEIGHT: <b>5'07"</b>	WEIGHT: <b>170</b>	HAIR COLOR: <b>BLACK</b>
EYES COLOR: <b>BROWN</b>		COMPLEXION:		BUILD:	
DRIVERS LICENSE / STATE ID NUMBER: <b>E425172992120</b>		STATE OF DL / ID: <b>FL</b>	SOCIAL SECURITY NUMBER:	PHOTO NUMBER:	PLACE OF BIRTH: <b>GAINESVILLE</b>
SUBJECT'S OCCUPATION:		SPN NUMBER:	AGENCY ORI NUMBER: <b>0010100</b>	SO ID / AGENCY ID / NUMBER:	COUNTRY OF CITIZENSHIP: <b>UNITED STATES OF AMERICA</b>
LOCATION OF ARREST:		DATE OF ARREST:	TIME OF ARREST (MILITARY):	DATE OF BOOKING:	TIME OF BOOKING (MILITARY):
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): <b>WEEKES, DEMITRI</b>		SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.): <b>FLID</b>			
#1 (NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	ARRESTED SWORN COMPLAINT <input type="checkbox"/> NTA
#2 (NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	ARRESTED SWORN COMPLAINT <input type="checkbox"/> NTA
JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED		NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):			WORK TELEPHONE NUMBER:
PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):		CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:
#1 (NAME):	ADDRESS:			TELEPHONE NUMBER:	
#2 (NAME):	ADDRESS:			TELEPHONE NUMBER:	
OFFENSE DESCRIPTION: <b>DOMESTIC BATTERY BY STRANGULATION</b>		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: <b>784-041 DOM</b>	
<input type="checkbox"/> WARRANT <input type="checkbox"/> CAPIAS NUMBER: <b>24 CF 2588 A</b>		DATE OF OFFENSE: <b>07/31/2024</b>	TIME OF OFFENSE: <b>23:39</b>	BAIL AMOUNT:	
VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
OFFENSE DESCRIPTION:		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:	
<input type="checkbox"/> WARRANT <input type="checkbox"/> CAPIAS NUMBER:		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>1015 NW 13TH ST</b>		CITY OF: <b>GAINESVILLE</b>		COUNTY OF: <b>ALACHUA</b>	
STATE OF: <b>FLORIDA</b>					
On the above date and time I made contact with VIC who stated that the DEF started an argument with her because she was gone for majority of the day. The VIC stated that she left the apartment and when she returned she was confront by the DEF once again. The VIC stated that she tried to get her child's clothing and the DEF stepped in her way not allowing her to go into the bed room to retrieve the clothing.					
The VIC advised that she then went to her bedroom closet to pack some clothes and was confronted once again in the closet by the DEF. The VIC told me that the DEF was arguing					
MANDATORY APPEARANCE IN COURT AT:		DATE OF APPEARANCE:		TIME OF APPEARANCE:	
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:		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>WEEKES, DEMITRI</b>			
TITLE: <i>[Signature]</i>		SIGNATURE: <i>[Signature]</i>			
		AGENCY: <b>GAINESVILLE POLICE DEPARTMENT</b> LEO ID NUMBER: <b>1189</b>			

Case: 2024 CF 002588 A



DR: MLSCA-X

Contains Marsy's Law  
Confidential and Protected  
Crime Victim Information

ARREST  SWORN COMPLAINT  HOLD

JUVENILE  NOTICE TO APPEAR

# SUPPLEMENT EIGHTH JUDICIAL CIRCUIT

SPN NUMBER:
AGENCY CASE REPORT NUMBER: <b>02-24-011241</b>

OBTS NUMBER:
AGENCY ORI NUMBER: <b>0010100</b>

NAME OF SUBJECT (LAST, FIRST, MI): <b>ELLISON, DAVID LEE JR</b>		ALIAS / MAIDEN:				
RACE: <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: <b>M</b>	DATE OF BIRTH: <b>06/12/1999</b>	HEIGHT: <b>5'07</b>	WEIGHT: <b>170</b>	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:

#3 (NAME):	ADDRESS:	TELEPHONE NUMBER:
#4 (NAME):	ADDRESS:	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"/> CAPIAS NUMBER:	DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:
VICTIM (NAME):	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:

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

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

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with her prior to striking her in the face, and body with his closed fist, causing a bloody nose and causing the early stages of a swollen cheek. The VIC then stated that she lost her balance and fell onto a pile of clothing in a sitting position. The VIC stated while sitting on the pile of clothes that's when the DEF placed both hands around her neck and started to restrict her from breathing. The VIC stated that during the strangulation she could not breathe until the DEF released his grip.

VIC and DEF does not have a child in common but do live together.

The DEF jumped off the second floor and fled on foot upon my arrival.

Due to the physical altercation the VIC could not move her neck due to pain. I offered EMS to the VIC but she refused.

Defendant was identified by RMS.