

Arrest Report



ALACHUA COUNTY SHERIFFS OFFICE
2621 SE HAWTHORNE RD

Report Date / Time 9/14/2024 09:04 AM	Report Number ASOCHG00010491M	Case Number/Cad Number ASO24OFF008048 / 091424-0143	Reporting Officer Name VALBUENA, MARCO
Originating Agency ORI FL0010000	Occur Date Time Range 09/14/2024 05:30:00 - 09/14/2024 05:44:00	Jurisdiction ASO	
OBTS Number 0108067308	Other Number 24-004839	Clearance	

Location of Occurrence

County ALACHUA	Location Type RESIDENCE	Location Description			
Street Number	Street	Apt/Lot/Bldg	City GAINESVILLE	State FL	Zip Code

Suspect

First Name EMANUEL	Middle Name	Last Name WILEY	Suffix	Race BLACK	Sex MALE	Height 6'01"	Weight 150	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 09/08/1997	Age 27	ID Type E	Drivers License or other ID W233787224000	State FL	OCA / Agency ID		
Place of Birth:	UNITED STATES								
Address	* RESIDENCE [REDACTED]								

Arrest Report Data

Question Domestic Violence	Answer Yes
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Arrest

Arrest Date/Time 9/14/2024 7:00:09 AM	Arrest Location Type RESIDENCE	Arrest Location Description				
Street Number	Street	Apt/Lot/Bldg	County ALACHUA	City GAINESVILLE	State FL	Zip Code

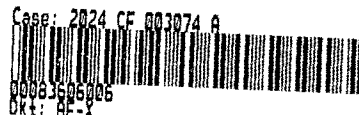
Charge : S **CSE# 012024 CF00 3074A**

Counts 1	Charge 784.041.2a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY		
General Offense Code COMMITTED	Arrest Offense Code BATTERY		
Charge Description COMMIT DOMESTIC BATTERY BY STRANGULATION			
Administrative Code - Description			

Probable Cause

On 09/14/2024 at approximately 5:44 AM, I responded to [REDACTED] reference to a domestic battery

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call for service.

The VICTIM, [REDACTED] and the DEFENDANT, Emmanuel Wiley, have been in a relationship for a period of approximately 2 years and live together at the above address as a single family unit.

The VICTIM and the DEFENDANT were laying in bed when the VICTIM tried to cuddle with the DEFENDANT. The DEFENDANT turned to face the VICTIM and using his feet, the DEFENDANT pushed the victim out of the bed causing her to fall on the floor. The DEFENDANT then, stood up from the bed and while standing up in front of the VICTIM, placed both hands around the VICTIM's neck and squeezed his hands. The VICTIM informed that during this time, she was not able to breath while the DEFENDANT had his hands on her. The VICTIM defended herself by grabbing the DEFENDANT's arms to push him away at which point the DEFENDANT removed his hands from around the VICTIM's neck. The VICTIM expressed she feared for her life during this attack.

I observed bruising and scratch marks on the VICTIM's neck, which corroborate the VICTIM's statements. Pictures were taken of these marks on scene.

Post Miranda, the DEFENDANT stated the VICTIM had approached him with the intention of being intimate and the DEFENDANT had refused. The DEFENDANT stated he grabbed her face as if he was holding a baby's face and pushed her away from him. The DEFENDANT also stated the VICTIM hit him in the arms and the head.

I observed two scratch marks on the DEFENDANT's left upper arm, in the triceps area, consistent with the statements made by the VICTIM describing the manner in which she grabbed the DEFENDANT to protect herself. I did not observe any marks in the DEFENDANT's face.

It should be noted that while at the hospital for "chest pains", the DEFENDANT kept spontaneously stating that he was "restraining her", which was not prompted by deputies with him.

Based on the statements made by the VICTIM, and the injuries I observed on the VICTIM's neck, the DEFENDANT is charged with FS. 784.041 (Felony Domestic Battery by strangulation).

Jail Booking Facility

Booking Date/Time 9/14/2024 10:05 AM	Booking County ALACHUA	Booking Facility ALACHUA COUNTY JAIL	Booking Facility Phone (352) 491-4460
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2024 SEP 15 AM 7:11
 JAIL BOOKING
 CLEARING COURT
 ALACHUA COUNTY

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Booking Facility Location 3333 NE 39TH AVE GAINESVILLE, FLORIDA 32609	Booking Number
Booking Comments	

Person: VICTIM

First Name	Middle Name	Last Name	Suffix	Race	Sex	Height	Weight	Hair	Eyes
[REDACTED]									

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
VALBUENA, MARCO DEPUTY 2295	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE PATROL ADMIN

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 VALBUENA, MARCO	Office Rank DEPUTY	Officer ID No 2295	Sworn and subscribed before me, the undersigned authority This the <u>14</u> day of <u>SEPTEMBER</u> , <u>2024</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE	[Signature]		
Officer Signature [Signature]			[Signature]

No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney Date