101/	ARREST LI SWORN COMPLAINT LI HOLD	EIGHTH J	UDIC	IAL CIR	CUIT	LJ JUVENILE	LI NOTICE TO APPEAR		
OB.	OID 806 7334		AGENCY CASE REPORT NUMBER: 02-24-013643						
╟╴	NAME OF SUBJECT (LAST, FIRST, MI):			ALIAS / MAIDEN:			02-24-013043		
	WILLIAMS, MARK 911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.):	CITY:		<u> </u>	ISTATE	E: ZIP CODE:	TELEPHONE NUMBER:		
	3055 NE 28TH DR GAINESVILLE				1	FL 32609	(352) 390-5726		
D	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):						TELEPHONE NUMBER:		
E	MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):								
E	RACE: SEX: DATE OF BIRTH:								
D	BLACK □ ASIAN/ORIENTAL M 02/07/198	80 6'00 SOCIAL SECURITY NUMBI	175	BL	ACK B	ROWN MED	IUM MEDIUM OUNTRY OF CITIZENSHIP:		
A N	W452540800470 FL	SOCIAL SECURITY NOWE	ER. PROTO	HOMBER.	W. PALM E	i	NITED STATES OF AMERICA		
T	SUBJECT'S OCCUPATION:	SPN		AGENCY ORI NUME	BER: SO ID	/ AGENCY ID / NUMBER:	BOOKING NUMBER:		
ļ.	LOCATION OF ARREST:	0010 FARREST:	100 ASOAYTEN60486A TIME OF ARREST (MILITARY): DATE OF BOOKING: TIME OF BOOKING (MILITARY):						
				16/2024 08:41 09/16/2024 09:57 SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):					
	SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): HOLT, JOHN			RMS PH	,), FAMILT MEMBER, KNUWN I	O OFFICER, ETC.J.		
ç		DATE OF BIRTH: RA	ACE: SE	COURT NU	MBER:		☐ FELONY3 JUVENILE: ☐ MISDEMEANOR ☐ YES		
ğ	#2 (NAME):	DATE OF BIRTH: R/	ACE: SE	C: COURT NU		□ NTA □ CO	☐ TRAFFIC CASE ☐ NO ☐ FELONY ☐ JUVENILE:		
DWH						SWORN COMPLAINT	☐ MISDEMEANOR ☐ YES ☐ NO		
Ü	JUVENILE: DISPOSITION: NAME OF PARENT / GUARDIAN (NO	TIFIED YES NO):	- 1	010-2	4CF 00°	2 ρξ 2 Δ	WORK-TELEPHONE NUMBER:		
Ž	☐ ISSUED NTA AND RELEASED PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, E	ETC.): CITY:	176 PE	01606	STATE	ZIP CODE:	HOME TELEPHONE NUMBER:		
Ė						9 60 A 200			
W	· · · · · · · · · · · · · · · · · · ·	ADDRESS:	ANZE C	· · A TNIECT/II	T F FY 22601	1 1 1	(352) 214-0956		
LEIBRANDT, CARL 1134 545 NW 8TH AVE, GAINESVILLE FL 32601 (352) 214-09 FL (352									
-	OFFENSE DESCRIPTION: POSSESSION OF A CONTROLLED SUBSTANCE	IX FELONY			COMPLETE STATUTE	/ ORDINANCE NUMBER:	VICTIM NOTIFICATION:		
C H A		☐ TR	SDEMEANOR AFFIC NTA	893-13/6A		ARREST: ☐ YES 🐼 NO RELEASE: ☐ YES 🕱 NO			
R	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION DATE OF OFFENSE: TIME OF OFFENSE: BAIL AMOUNT: VICTIM'S TELEPHONE N☐ CAPIAS								
E	NUMBER: VICTIM (NAME):	ADDRESS (STREET, A	1 08: IUMBER, PO BOX, ET		STATE: ZIP CODE:				
	The State Of Florida	I COMPLETE STATUTE	/ ORDINANCE NUMBER:	VICTIM NOTIFICATION:					
H	OFFENSE DESCRIPTION: POSSESS/USE DRUG PARAPHERNALIA			SDEMEANOR AFFIC \(\sum \) NTA	893-147/1	TO TO THE WAY TO THE TOTAL	ARREST: ☐ YES 🕱 NO RELEASE: ☐ YES 🕱 NO		
A R G	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITA ☐ CAPIAS	TION DATE OF OFFE		TIME OF OFFEN		OUNT:	VICTIM'S TELEPHONE NUMBER:		
Ĕ	NUMBER: VICTIM (NAME):	JMBER: 09/16/					STATE: ZIP CODE:		
2	The State Of Florida				· <u>·</u>				
P R O	THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): 3055 NE 28TH DR	CITY OF:	ESVILI	EJIR		COUNTY OF: ALACHUA	STATE OF: FLORIDA		
Š	On the above date and time, L	EO was sea	rchin	for the		eference to			
Ŭ	warrant for Battery on a Pers	_					. and while		
V E	01-2024-CF-003040A). LEO positively identified the DEF inside the property and, while wearing full GPD uniform, commanded the DEF to stop. The DEF then fled and was later								
S located by LEO hiding in the bathroom.									
MINO later legated a progenition bettle in his backers' (legated on his progenition)									
RY	LEO later located a prescrition bottle in his backpack (located on his person) full of Gabapentin with another subject's information on the bottle; along with a pipe full of								
N	MANDATORY APPEARANCE IN COURT AT:				DAT	E OF APPEARANCE:	TIME OF APPEARANCE: AM		
TA	I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AN TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO A				ANT (SIGNATURE):		DATE:		
<u> </u>	I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIT SWORN TO AND SUBSCRIBED BEFORE ME THIS:				ABOVE, AND REVERSE A	ND ATTACHED PAGES AND S	TATEMENTS ARE TRUE AND CORRECT		
ŋ	16th DAXOF September 2024 TO THE BEST OF MY KNOWLEDGE AND BELIEF. NAME (PRINT): HOLT, JOHN H.								
R									
T	TITLE: OFE 9/7			AGENCY: G	AINESVILLE POL	ICE DEPARTMENT	LEO ID NUMBER: 1193		

Form Date (Revised 1/00)



AGENCY

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DEFENDANT ACSO-DOJ PAGE 1 SEP 16 '24 AM10:44

☐ SWORN COMPLAINT ☐ HOLD ☐ JUVENILE ☐ NOTICE									J NOTICE	TO APPEAR	
ОВ	NUMBER: SUPPLEMENT SPN NUMBER:										
AG	ENCY ORI NUMBER: 0010100	ICIAL CIRCUIT				AGENCY CASE REPORT NU	Y CASE REPORT NUMBER: 02-24-013643				
D	NAME OF SUBJECT (LAST, FIRST, MI): ALIAS / MAIDEN:							15			
F	RACE: SEX: DATE OF BIRTH: HEIGHT: WEIGHT: JAIL NUMBER: SO ID / AGENCY ID / NUMBER:										
W	2d BLACK ☐ ASIAN / ORIENTAL M 02/ #3 (NAME):					TELEPHONE NUMBER:					
STHOO	#4 (NAME):	ADDRESS:							TELEPHONE NUMBER:		
CH	OFFENSE DESCRIPTION: RESIST/OBSTRUCT/OPPOSE OF OFFICER WITHOUT							DINANCE NUMBER:		OTIFICATION:	
A R	VIOLENCE ☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CAPIAS	☐ CITATION	DATE OF OFFENSE	☐ TRAF	FIC					E: YES X NO LEPHONE NUMBER:	
G	NUMBER: VICTIM (NAME):	TAG	09/16/2024 08:41 ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): CIT			CITY:	CITY: STATE:		ZIP CODE:		
3	The State Of Florida OFFENSE DESCRIPTION:		In e		ONY COMPLETE		STATUTE / ORDINANCE NUMBER:		VICTIMA	OTIFICATION:	
C H A			***************************************	☐ MISDE	EMEANOR FIC \(\sum \) NTA	-			ARREST: RELEASE	YES NO	
ARGE	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CAPIAS NUMBER:	LI CITATION	DATE OF OFFENSE:	TIME OF OFFENS	ME OF OFFENSE: BAIL AMOU		1:	VICTIM'S TELEPHONE NUMBER:			
	VICTIM (NAME):		DDRESS (STREET, APART	MENT NUMBER, PO BOX, ET		C.): CITY:			STATE:	ZIP CODE:	
CH	OFFENSE DESCRIPTION:				NY EMEANOR FIC NTA	COMPLETE STATUTE / ORDINA		DINANCE NUMBER:	ARREST:	OTIFICATION: YES NO NO	
A R G	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CAPIAS	CITATION	DATE OF OFFENSE:	L_I TRAF	TIME OF OFFENS	E:	BAIL AMOUN	T:		EPHONE NUMBER:	
Ĕ	NUMBER: VICTIM (NAME):	AC	DDRESS (STREET, APART	MENT NUM	BER, PO BOX, ETC	Σ.):	CITY:		STATE:	ZIP CODE:	
CH	OFFENSE DESCRIPTION:			FELO		COMPLETE	STATUTE/OR	DINANCE NUMBER:		OTIFICATION:	
H A R G	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER	☐ CITATION	TF		DEMEANOR AFFIC		BAIL AMOUNT:		RELEASE: YES NO		
GE	CAPIAS NUMBER: VICTIM (NAME):	Lar	DDRESS (STREET, APART	MENT NUK	IRER POROX ETC	Sa: CITY:			STATE:	ZIP CODE:	
_	black residue, and a glass pipe		•		· · · · · · · · · · · · · · · · · · ·						
	smoke crack cocaine). Post	t-Miran	nda, the DI	EF ad	mitted	to pay	ying f	or the Gaba	pentin	by	
PR	exchanging it for "Molly" (MDMA). The DEF also advised that he used the pipe to smoke mainly cannabis and molly.									moke	
S E											
PROSECUT											
1 1									<u> </u>		
E							•		NOTE SEP		
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SUMMARY											
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STATE ATTORNEY

AGENCY

DEFENDANT

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