	ARREST SWORN COMPLAINT HOLD	20241	M	0019	9 66e A	۲ ₋		☐ JUVENIL	E 🗆 N	OTICE	TO APPEAR
	NAME OF SUBJECT (LAST, FIRST, MI):	3HTH JUD	ICIAL	. CIRCI	UIT		AGENCY CA	SE REPORT NU 2	MBER: 4-125 9	9	
	COX, GLENN J		ALIAS/MAIDEN: ASDSH			47	JBN 205674				
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 1207 NE 21ST CT	GAINESVILLE			TATE:	326		TELEPHONE NUMBER: 352-441-4224			
D	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC					1.02041			TELEPHONE NUMBER:		
E	MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS): SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):										Marine description of the second
E N	RACE: DATE OF BIRTH:	HEIGHT: WEIGHT: HAIR COLOR:			E	EYE COLOR:		COMPLEXION:		BUILD:	
D A	□ BLACK □ ASIAN / ORIENTAL □ M □ 09/06/1989 □ DRIVERS LICENSE / STATE ID NUMBER: □ STATE OF DL / ID: □ STATE OF DL / ID:				20 BROWN BR TO NUMBER: PLACE OF BIRTH:					RY OF CITIZENSHIP;	
N T	C200280893261 FL SUBJECTS OCCUPATION: SPN								TBOOKING NUMBER:		
	LOCATION OF ARREST:		TDATE OF AR	00106	500 TIME OF ARREST (A	ALLITADVA.	I DATE OF	BOOKINO			0.0000000000000000000000000000000000000
	1269 NEWELL DR. GAINESVILLE, FL. 3	32603	3 09/28/2024 23			ST (MILITARY): DATE OF BOOKING: 09/29/2024 (PHOTO ID, FAMILY MEMBER, KNOWN TO			TIME OF BOOKING (MILITARY):		
	SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): LEWIS, COLTON] 1	BJECT'S NAME FLDL	VERIFIED BY (PHO	ITO ID, FAM	IILY MEMBER	R, KNOWN TO O	FFICER, ET	C.):	
ç	#1 (NAME):	E OF BIRTH: RACE:	: SEX:	COURT NUM	MBER:	□ S\	RRESTED WORN COMF	LAINT]	FELONY MISDEMEAI	NOR	JUVENILE: YES NO
DEF	#2 (NAME): DAT	E OF BIRTH: RACE:	: SEX:	COURT NUM	MBER:	☐ N ☐ AF	IA RRESTED WORN COMF		TRAFFIC CA FELONY MISPEMEA		JUVENILE:
1	JUVENILE: DISPOSITION: NAME OF PARENT / GUARDIAN (NC	Case: 2024 MM C	101966 A			□ N	TA		TRAFFIG CA	ASE :	NUMBER:
ķ	I ISSUED NTA AND RELEASED PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX.)					TATE:	ZID COD	25 ELO:	ق ا	48.	1 0 11 14 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ė		DK4: AF-X				IIAIC.	ZIP COD	至至	HOWETER	EPHONE!	NUMBER:
W	#1 (NAME): ADD	RESS:							TELEPRO	NE NUMBE	R:
COCONTE	#2 (NAME):	RESS:						1 62	TELEPHO	NE NUMBE	R:
CH	OFFENSE DESCRIPTION: SIMPLE BATTERY		FELON	MEANOR	COMPLETE STAT	TUTE / ORD	INANCE NU	MBER:	ARRES		ATION:
A R	 WARRANT JUVENILE PU ORDER CIVIL ORDER CITATION ☑ CAPIAS	DATE OF OFFENS		C NTA TIME OF OFFENS	784.03 SE: BAI	L AMOUNT	:	i	RELEA	ISE; 🔀 YE	S NO
G E	NUMBER:	09/28/2 ADDRESS (STREET, APAR		23:4 BER. PO BOX. ET		Υ:		······································		>><	
1											
H			☐ MISDEN								ES NO
R	☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION☐ CAPIAS NUMBER:	DATE OF OFFENS	E:	TIME OF OFFENS	SE: BA	IL AMOUNT		***************************************	VICTIM'S	ELEPHON	E NUMBER:
E 2	<u></u>	ADDRESS (STREET, APAR	RTMENT NUME	BER, PO BOX, ET	С.): СП	Υ;	- 		STATE:	ZIP CC	DE:
PR	THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):	CITY OF:			1	T	COUNTY OF	·	<u> </u>		STATE OF:
OSE	On September 28, 2024, at appro	GAINES ximately 2	SVILLE 2345 h	ours, G	Glenn Co	x, J:	ALA(r. ac	CHUA tually	and		FLORIDA
Ų	intentionally struck the victim defendant approached the victim	against h	ner wi	ll. An	indepen	dent	witn	ess st	ated		the
ν̈́Ε	child from the victim and struc										. a
SUMM	child together. The defendant r	efused to	answe	r quest	cions po	st-M	irand	a.			
M A R Y											
	☐ MANDATORY APPEARANCE IN COURT AT:				<u> </u>	DATE OF	APPEARANC	Æ:	TIME OF	APPEARA	NCE: AM
N T A	TAGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND IN:				ANT (SIGNATURE):	<u> </u>			1	DATE;	☐ PM
-	TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPE TUNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER SWORN TO AND SUBSCRIBED BEFORE ME THIS:		OICAL ARRES		ABOVE, AND REVER	RSE AND A	TTACHED PA	AGES AND STAT	EMENTS AF	RE TRUE A	ND CORRECT
J U R	29th Days September 2	024		TO THE BEST ON NAME (PRINT):	OF MY KNOWLEDG	E AND BEL	IEF.	D _V \(\sigma_a \)			
A	SIGNATURE: SPROPART			SIGNATURE:	XAVO NIVERSITY O	E EL OPI	4	CE '	EO ID NUMB	ER: 1/5	
Ľ.	I III.C. OCCHAILT			AGENCT: UN	TYERSHLY	CELUK	WATUL	IZ-E LI	O ID NUMB	un: 147	

Form Date (Revised 1/00)

COURT

STATE ATTORNEY

AGENCY

DEFENDANT

PAGE 1 OF 1