

434



Arrest Report

ALACHUA COUNTY SHERIFFS OFFICE
2621 SE HAWTHORNE RD

012024CF003305A

Report Date / Time 24 07:45 PM	Report Number ASOCHG00011385M	Case Number/Cad Number ASO24OFF008712 / 100324-0719	Reporting Officer Name WHITE JR, TOMMY
Originating Agency ORI FL0010000	Occur Date Time Range 10/02/2024 17:00:19 - 10/03/2024 17:53:00	Jurisdiction ASO	
OBTs Number 0103067632	Other Number	Clearance ASO24JBN005173	

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 WESLEY	Middle Name DON	Last Name RENIER	Suffix	Race WHITE	Sex MALE	Height 6'01"	Weight 210	Hair WHI	Eyes BLU
MNI # ASO24MNI010282	SSN 410-41-4235	Date of Birth 09/06/1968	Age 56	ID Type	Drivers License or other ID U631376613	State OK	OCA / Agency ID		
Place of Birth:	KANSAS CITY MO UNITED STATES								
Address * RESIDENCE [REDACTED] GAINESVILLE, FL 32607 / (918)951-1150									

Arrest Report Data

Question Domestic Violence	Answer No
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Arrest

Arrest Date/Time 10/3/2024 6:47:27 PM	Arrest Location Type RESIDENCE	Arrest Location Description	
Street Number	Street	Apt/Lot/Bldg	County ALACHUA
		City GAINESVILLE	State FL
		Zip Code	

Charge :

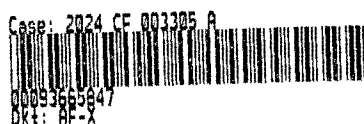
Counts 1	Charge 825.102.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY		
General Offense Code COMMITTED	Arrest Offense Code CRIMES AGAINST PERSON		
Charge Description ABUSE ELDERLY OR DISABLED ADULT WO GREAT HARM			
Administrative Code - Description			

Probable Cause

On the above date and time, I responded to [REDACTED] in reference to a Domestic Battery. The complainant, [REDACTED]

Arrest Report



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ACSO-DOJ
OCT 3 '24 PM8:25

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 contacted ACSO-CCC with information regarding a well-being check for her 

The Defendant, Wesley Renier and Victim,  are related by blood  and reside together as if a family making this incident Domestic in nature. The Victim is a disabled adult who is diagnosed with Cerebral Palsy and has limited mobility which requires a walker or wheelchair, thus affecting her ability to perform the normal activities of daily living.

Upon arrival I met with the Victim at the front door. The Victim stated that last night she got into an argument with the Defendant. During the argument, the Defendant took her tablet and started destroying it. Following this, the Defendant pushed her down and began hitting her with his hands, and kicking her while she was on the ground. Due to this, the Defendant sustained several bruises to both arms, and one bruise to her neck. I saw noticeable bruising that I took photos of with my agency issued body worn camera.

Next I spoke with the Defendant who advised the following, post Miranda. The Defendant asked the Victim to put food away, the Victim began cursing, scratching his arms, and hitting him with her tablet. The Defendant pushed the Victim down on the floor, and she landed on her butt. The Victim then went to her room and went to bed. The Defendant sustained several small cuts to the inside of both of his arms.

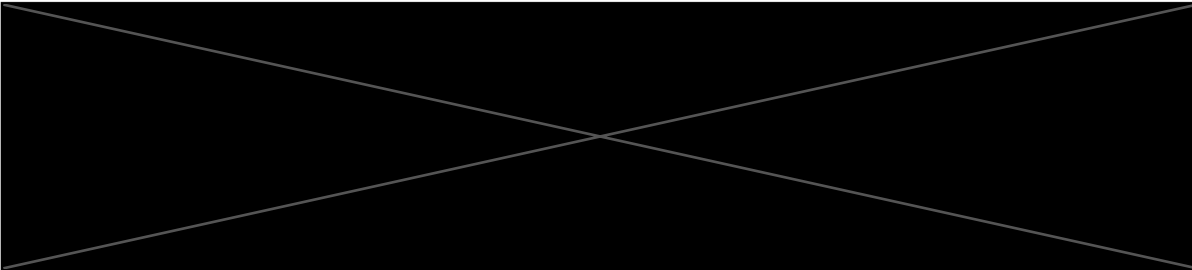
Based on the investigation the Defendant did intentionally cause strike and kick the Victim, which caused physical injury to the Victim, a disabled adult.

The Defendant is being charged with Domestic Abuse of a Disable Adult (FSS 825.102.1)

Jail Booking Facility

Booking Date/Time 10/3/2024 08:20 PM	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 2021 OCT 4 10:05	
Booking Comments			

Person: VICTIM

	Height	Hair	Eyes
	Agency ID		

Officer Name
Rank / ID #

Involvement On Report /
Reporting Role

Officer Agency
Org/Unit



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WHITE JR, TOMMY DEPUTY	2268	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE T2 NIGHTS
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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 WHITE JR, TOMMY	Office Rank DEPUTY	Officer ID No 2268	Sworn and subscribed before me, the undersigned authority This the <u>3</u> day of <u>October</u> , <u>2024</u>
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE	DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT		
Officer Signature #2268	 2379		

No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney _____ Date _____

2024 OCT 03 08:05
FIVE PAGES