

## **Arrest Report**

## ALACHUA COUNTY SHERIFFS OFFICE 2621 SE HAWTHORNE RD

|                                    |                             |   |   |                      | *************************************** | **************************************  |  |                     |               |   |                  | - 女           |            |  | 2.50        |         |   |                          |             |               |             |
|------------------------------------|-----------------------------|---|---|----------------------|---|---|--|---------------------|---------------|---|------------------|---------------|------------|--|-------------|---------|---|--------------------------|-------------|---------------|-------------|
| '                                  | oort Date / T<br>5/2024 11: |   | ı                                       | leport Nu<br>SOCHO   |   | 10249M                                  |  |                     | A             | Case Number/Cad Number ASO240FF008764 / 100524-0192 |                  |               | ber        | Reporting Officer Name WILSON, MALCOLM |             |         |   |                          |             |               |             |
|                                    | ginating Age<br>0010000     | ncy ORI                                 |   | ocur Dat<br>9/21/20: |   | -                                       | Jurisc<br>0:49 - 09/21/2024 04:58:00 ASO |                     |               |   | risdiction<br>SO |               |            |  |             |         |   |                          |             |               |             |
|                                    | TS Number                   |   | - ^\                                    |                      |   | Other Nun                               |  | ber Clearar         |               |   |                  | arance        | ********** | •                                      |             |         |   |                          |             |               |             |
| 0                                  | USON                        | 070                                     | <u>ن</u>                                |                      |   | A8021                                   | 17R                                      | 14                  | <i>5250</i> 0 | 07  | 1                |               |            |  |             |         |   |                          |             |               |             |
| Lo                                 | cation of                   | Occur                                   | rence                                   |                      |   |   |  |                     |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | County                      |   | Loc                                     | ation Typ            | е                                       | *************************************** | Location Description                     |                     |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | ALACHU                      | 4                                       | RE                                      | SIDENC               | E                                       | The reflections                         |  |                     |               | ıs aj   | oartm            | ents          |            |  |             |         |   |                          |             |               |             |
| Stre                               | et Number                   | Street                                  |   |                      |   |   | ······                                   | 1                   | Apt/Lot/      | Bldg  | City             |               |            |  |             |         |   | State                    | €           | Zip Code      |             |
| 205                                | 205 SW 75th street          |   |   |                      |   |   |  |                     |               | GAII  | NESVI            | LLE           |            |  |             |         | FL                                      |                          | 32606       |               |             |
| Su                                 | spect                       | *************************************** | *************************************** |                      |   |   | ***********                              |                     |               |   |                  |               |            | ***********                            |             |         | *************************************** |                          | <del></del> |               | <del></del> |
|                                    | First Name                  |   | Mic                                     | ddie Nam             | e                                       | Last Nar                                | ne                                       |                     | S             | Suffix  |                  | Rece          | V.         | Sex                                    |             | Heigl   | nt                                      | Weigh                    | ıt          | Hair          | Eyes        |
|                                    | TYRIN                       |   | MI                                      | CHAEL                |   | YOUNG                                   | 3  |                     |               | -   |                  | 部             | <b>%</b>   | MALE                                   | E           | 606     |   | 200                      |             | BRO           | BRO         |
| MN                                 | l #                         |   | SSN                                     |                      | Date                                    | of Birth                                | Age                                      | ,                   | ID Type       | e Di  | ivers l          | License       | or o       | ther ID                                |             | State   | OCA /                                   |                          |             | . 2           |             |
| AS                                 | ASO19MNI012912 09/28/199    |   |   | 28/1995              | 28                                      |   |  | Y                   | 52081         | 139534  | 180              |               |            | FL                                     |             |         | <u></u>                                 | 2024 001                 |             |               |             |
| Place of Birth: GAINESVILLE FL USA |                             |   |   |                      |   |   | -  |                     |               |   |                  |               |            |  | : 2         | عطاح    | . OC                                    | . د د درستان در پایتخانی |             |               |             |
|                                    | iress<br>RESIDENC           | E / 205                                 | SW 75                                   | th stree             | t, G                                    | SAINESV                                 | ILLE                                     | i, Fl               | L 3260        | 6 / (:  | 352)8            | 72-144        | 10         |  |             |         |   | ~                        | (元)<br>(元)  | 5             | XE          |
| Arr                                | est Repo                    | rt Data                                 | 1                                       |                      |   |   |  |                     |               |   |                  |               |            |  |             |         |   | نب                       |             | nde allerence |             |
|                                    | Question                    |   |   |                      |   |   | Ansv                                     | swer                |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | Domestic '                  | Violence                                | )                                       |                      |   |   | Yes                                      | s 7: c              |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
| Arr                                | est                         |   |   |                      |   |   |  |                     |               |   |                  | ·             |            |  |             |         |   | r                        | <u> </u>    | ာယ            | *           |
|                                    | Arrest Date                 |   |   | 1                    |   | ion Type                                |  |                     |               |   |                  | Locatio       |            |  |             |         |   |                          |             |               |             |
| <u> </u>                           | 10/5/2024                   |   | 2 AM                                    | RESID                | ENC                                     | )E                                      |  |                     | A A.D A.I     |   |                  | REFLE         | CTI        |  |             | IMEN    | ITS                                     | 104-4                    |             | 17:- 0 - t-   |             |
|                                    | et Number                   |   | _                                       |                      |   |   |  |                     | Apt/Lot/I     | Diug  | l                | -             |            | 1                                      | City        |         |   | State                    | <b>;</b>    | Zip Code      |             |
| 205                                | 5                           | SW 750                                  | h stree                                 | et<br>               |   |   |  |                     |               |   | ALA              | CHUA          |            | 10                                     | <b>JAIN</b> | IESVI   | LLE                                     | FL                       |             | 32606         |             |
| Cha                                | arge : S                    |   |   |                      |   |   |  |                     |               |   |                  |               |            | ······                                 |             |         |   |                          |             |               |             |
|                                    | Counts                      | Char                                    | -                                       |                      |   |   |  |                     |               |   |                  | Bond Amount . |            |  |             | ·       |   | _                        |             |               |             |
|                                    | 1                           | 784.                                    | 031.1                                   |                      |   |   |  |                     |               |   |                  |               |            | \$0                                    | .00         | No Bond |   |                          |             |               |             |
| Cha                                | arge Degree                 |   |   |                      |   |   | - 1                                      | Charge Level        |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
| T                                  |                             |   |   |                      |   |   |  | FELONY              |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | neral Offens                | e Code                                  |   |                      |   |   | - 1                                      | Arrest Offense Code |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | MMITTED                     |   |   |                      |   |   |  | BAT                 | TTERY         |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | arge Descrip                |   |   |                      |   |   |  |                     |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
|                                    | TTERY BY                    |   |   |                      |   |   |  |                     |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
| Adr                                | ninistrative (              | Code - De                               | escriptic                               | n                    |   |   |  |                     |               |   |                  |               |            |  |             |         |   |                          |             |               |             |
| -                                  |                             |   |   |                      |   |   |  |                     |               |   |                  |               |            |  |             |         |   | <del></del>              |             |               |             |

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ACSD-DQJ DCT 5'24 Px12:34

| Report Date / Time<br>10/5/2024 11:59 AM | Report Number ASOCHG00010249M                             | Case Number/Cad<br>ASO24OFF0087<br>100524-0192 |                     | Reporting Officer Name WILSON, MALCOLM |
|--|---|--|---------------------|--|
| Originating Agency ORI<br>FL0010000      | Occur Date Time Range<br>09/21/2024 04:50:49 - 09/21/2024 | 04:58:00                                       | Jurisdiction<br>ASO |  |
| OBTS Number                              | Other Number  |  | Clearance           |  |

Charge:

|                                   | Counts    | Charge     | Charge              |        |        |        |            |
|-----------------------------------|-----------|------------|---------------------|--------|--------|--------|------------|
|                                   | 1         | 784.03.1a2 |                     | \$0.00 |        | E offi | Bond       |
| Charge Degree                     |           |            | Charge Level        |        | A.     | 8      |            |
| F                                 |           |            | MISDEMEANOR         |        | 유민들    | 읔      | OZ         |
| General Offense Code              |           |            | Arrest Offense Code |        | Eq. K  | -6     | 汉三         |
| COMMITTED                         |           |            | BATTERY             |        | ဗိုက္က | 779    | w.         |
| Charge Description                |           |            |                     |        |        |        | \$ 1 P. S. |
| CA                                | USE BODIL | Y HARM     |                     |        | - TR.  | #      |            |
| Administrative Code - Description |           |            |                     |        | 7 6    | ည      |            |
| -                                 |           |            |                     |        |        |        | ***        |

## **Probable Cause**

The DEFENDANT, Tyrin Young, did intentionally and maliciously commit the act of domestic battery and battery by strangulation, when he struck the VICTIM, in her face. The DEFENDANT then strangled the VICTIM during their altercation. The VICTIM and the DEFENDANT have been in an intimate relationship for several months making this dating violence and domestic in nature.

My investigation revealed that on September 21<sup>st</sup>, 2024 at approximately 0450 hours, the DEFENDANT and the VICTIM were at the DEFENDANT's apartment for the evening. The DEFENDANT had an argument with the VICTIM, which ended with the DEFENDANT going to his bedroom, and the VICTIM remaining in the living room area. The VICTIM wanted to get rest on the couch, so she decided to go to the bedroom where the DEFENDANT was lying in the bed, and retrieve his blanket. The VICTIM walked inside the DEFENDANT's bedroom and grabbed the blanket on the bed and went back to the living room. The VICTIM got on the couch and a short time later, the DEFENDANT walked out of his bedroom and confronted the VICTIM, as she laid on the couch.

The DEFENDANT grabbed the blanket and attempted to pull it away from the VICTIM. Both the blanket and the VICTIM's underwear were in the DEFENDANT's grasp at that moment. The DEFENDANT began to drag the VICTIM across the living room, towards the bedroom by her underwear. The DEFENDANT attempted to have the DEFENDANT relinquish his grasp on the blanket, due to him tearing the material on her underwear. The DEFENDANT then released his grasp at the entrance of the bedroom door. The DEFENDANT took an aggressive stance towards the VICTIM. He then raised his clench fist, giving the VICTIM the assumption that the DEFENDANT was about to strike her. The VICTIM then placed the blanket over her face, in an effort to absorb the strike from the DEFENDANT. The DEFENDANT then struck the VICTIM in her face, causing her immediate pain and discomfort to her lips.

The VICTIM removed the blanket from her facial area and noticed that the DEFENDANT was still standing over her. The DEFENDANT then placed both his hands on the VICTIM's neck and throat area, and began to squeeze in an effort to strangle the VICTIM. As the DEFENDANT was squeezing the VICTIM's neck he stated "STOP PLAYING WITH ME STUPID ASS BITCH"! The DEFENDANT began to impede the VICTIM's airway and her normal breathing. The VICTIM then lost consciousness and believed that was the reason that the DEFENDANT released his grasp on her neck. When she regained consciousness, the DEFENDANT was still standing over her, and stated to her "YOU GONE STOP FUCKING PLAYING WITH ME"! The DEFENDANT then walked over to his bed and laid down and the VICTIM walked to the bathroom to see her injuries.

Arrest Report Page 2 of 4

| Report Date / Time<br>10/5/2024 11:59 AM | Report Number ASOCHG00010249M | Case Number/C<br>ASO24OFF00<br>100524-0192 |           | Reporting Officer Name WILSON, MALCOLM |
|--|-------------------------------|--|-----------|--|
| Originating Agency ORI FL0010000         | 24 04:58:00                   | Jurisdiction<br>ASO                        |           |  |
| OBTS Number                              | Other Number                  |  | Clearance |  |

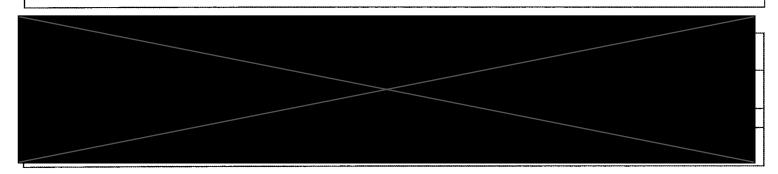
The VICTIM allowed me to view the pictures on her cellphone during the interview. The image was timestamped for September 21st, 2024 at 0458 hours. The image was a selfie taking by the VICTIM. The VICTIM had severe swelling to her lips and she had several red marks on her neck. The injuries shown in this picture was consistent with the account given by the VICTIM.

Post Miranda, the DEFENDANT refused to give a statement and asked for a lawyer.

Based on my investigation, the DEFENDANT is being charged with battery and Battery by strangulation. He is currently incarcerated due to another on-going battery case involving the VICTIM. ASOCR24-008764. The DEFENDANT doesn't have any prior battery convictions.

**Jail Booking Facility** 

|     | Booking Date/Time      | Booking County      | Booking Facility |                | Booking Facility Phone |  |
|-----|------------------------|---------------------|------------------|----------------|------------------------|--|
|     | 10/5/2024 12:16 PM     | ALACHUA             |                  | (352) 491-4460 |                        |  |
| Boo | king Facility Location |                     | Booking Number   |                |                        |  |
| 333 | 3 NÉ 39TH AVE GAIN     | ESVILLE, FLORIDA 32 |                  |                |                        |  |
| Boo | king Comments          |                     |                  |                |                        |  |
| 1   |                        |                     |                  |                |                        |  |



|                 | Officer Name<br>Rank / ID # |                   | Involvement On Report /<br>Reporting Role | Officer Agency Org/Unit |  |
|-----------------|-----------------------------|-------------------|---|-------------------------|--|
| WILSON, MALCOLM |                             | REPORTING OFFICER | ALACHUA COUNTY SHERIFFS OFFICE            | 7                       |  |
| DI              | EPUTY                       | 2016              | REPORTING OFFICER                         | T1 DAYS                 |  |

24 OCT -6 AM 7: 0

K. "JESS" TOWN, EST
CLERK OF COURTS



Report Date / Time Report Number Case Number/Cad Number Reporting Officer Name 10/5/2024 11:59 AM ASOCHG00010249M ASO240FF008764 / WILSON, MALCOLM 100524-0192 Originating Agency ORI Occur Date Time Range Jurisdiction FL0010000 09/21/2024 04:50:49 - 09/21/2024 04:58:00 ASO **OBTS Number** Other Number Clearance

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 Office Rank Officer ID No Sworn and subscribed before me, the undersigned author WILSON, MALCOLM DEPUTY Officer Agency **ALACHUA COUNTY S** Officer Signature No Bill / Petition Issue Warrant **Prosecution Approved** Signature of Assistant State Attorney Date

> 2024 OCI -6 AM 1: US J.K. "JESS" 報源、ESO. CLERK OF COURTS ALACIMIA COUNTY, FL

