

PROBABLE CAUSE AFFIDAVIT

1. Arrest (Cont) 3. Arrest Affidavit
 2. Notice to Appear (Cont) 4. Complaint Affidavit
 5. Request for Capias 1 Juvenile N

ADMINISTRATIVE	OBTS Number: _____		Agency ORI Number: FL0150000		Agency Name: Dixie County Sheriff's Office		Agency Report Number: 2014090050	
	Location of Offense (Business Name, Address): 1660 NE 364 AVE OLD TOWN FL 32680				Date of Offense: 09/02/2014		Date of Arrest: 09/02/2014	
DEFENDANT	Name (Last, First, Middle): TRUSSELL TERRY GEORGE Alias: _____							
	Race: W (W - White, I - American Indian, B - Black, O - Oriental/Asian)		Sex: M		Date of Birth or Age: 10/26/1943 70		Height: 603 Weight: 225	
	Eye Color: HAZ		Hair Color: XXX		Complexion: LT		Build: MED	
	Address (Street, Apt. Number): 1660 NE 364 AVE (City): OLD TOWN (State): FL (Zip): 32680							
JUVENILE	Name of Parent or Custodian (Last, First, Middle): _____ Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Residence Phone: _____ Business Phone: _____							
	Notified By: (Name) _____		Date _____ Time _____		Juvenile Disposition: 1. Handled/Processed Within Dept. and Released _____ 2. Turned Over to HRS/CYF _____ 3. Incarcerated (County Jail) _____		Released to: (Name) _____ Relationship _____ Date _____ Time _____	
CODE	Activity: N (N/A, P. Possess) S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense / Distribute M. Manufacture / Produce / Cultivate Z. Other Drug Type: N (N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium / Deriv., P. Paraphernalia / Equipment, S. Synthetic, U. Unknown, Z. Other)							
CHARGE	Charge Description: CRIMINAL ACTIONS UNDER COLOR OF LAW Counts: 10 <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord. Statute Violation Number: 843 0855 3-4 Violation of Section (ORD) _____ Activity: _____ Drug Type: _____ Amount/Unit: _____ State Attorney Number: _____ Court Number: _____ <input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation # _____ Date Issued: _____ <input type="checkbox"/> Writ. Att. # _____ <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest							
CHARGE	Charge Description: _____ Counts: _____ <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. Statute Violation Number: _____ Violation of Section (ORD) _____ Activity: _____ Drug Type: _____ Amount/Unit: _____ State Attorney Number: _____ Court Number: _____ <input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation # _____ Date Issued: _____ <input type="checkbox"/> Writ. Att. # _____ <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest							
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PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the <u>2</u> day of <u>SEPTEMBER</u> , 2014 at <u>1508</u> (Specifically includes facts constituting cause for arrest.) NARRATIVE: The above named defendant was arrested on Ten (10) FDLE Warrants agency case # TL-11-0119 Florida Statute # 843.0855 (3)(4) for violation of Criminal actions under color of Law or through use of simulated legal process.							
	P.C. Exists for Charge(s) _____		Judge's Signature _____		Date _____		Verified By _____	
ADMINISTRATIVE	<input type="checkbox"/> Miranda Warning		Hold for Other Agency Name: _____		Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason: _____		Sworn to and subscribed before me, the undersigned authority this <u>02</u> day of <u>SEPTEMBER</u> , 2014 Name of Person Authorized to Administer Oath: _____	
	Officer's/Complainant's Signature: SGT KE WIMBERLEY		ID. No./Dist.: 54-12		Date: _____		Bond: Charge # _____ Type: _____	
	Returnable Court Date: _____		Returnable Court Time: _____		Release Date: _____		Release Time: _____	
	Releasing Officer: _____		Page _____ of _____		Type: _____		Type: _____	

OFFENSE-INCIDENT REPORT

Dixie County Sheriff's Office

FIO150000	Gang Related	2	Date	09/02/2014	Time (m)	1508	Time Dispatched (m)	1508	Time Arrived (m)	1508	Time Completed (m)	1524		
			Incident Day	Tue	Incident Date	Tue	09/02/2014	Time (m)	1508	Chapter, Section, Sub	Tue	09/02/2014	Time (m)	1524
Original Day Reported	Tue	3. Misdemeanor	Incident Day	Tue	Time (m)	1508	Time Dispatched (m)	1508	Time Arrived (m)	1508	Time Completed (m)	1524		
Reported Type	1. Felony	4. Traffic Misdemeanor	From	Tue	Date	09/02/2014	Time (m)	1508	To	Tue	Date	09/02/2014	Time (m)	1524
Agency Report Number	2014090050	9. Other	Statute Violation Number - Chapter, Section, Sub											
Juvenile Warrant/Dismiss			Agency Report Number	2014090050	WARRANT ARREST									
Primary Offense Description	WARRANT ARREST													
2 Supplement														

Location Type	05. Convenience Store	10. Dept./Discount Store	15. Industrial/Ing.	20. Religious Bldg.	25. Parking Lot/Carage	30. Other Mobile
01. Residence Single	06. Gas Station	11. Specialty Store	16. Storage	21. Airport	26. Highway/Roadway	31. Other
02. Apartment/Condo	07. Liquor Sales	12. Drug Store/Hospital	17. Gov/Pub/Inst Bldg	22. Bus/Rail Terminal	27. Park/Woodlands/Field	32. Other
03. Residence-Other	08. Bar/Nightclub	13. Bank/Financial Inst.	18. School/University	23. Construction Site	28. Lake/Waterway	33. Other
04. Hotel/Motel	09. Supermarket	14. Commercial/Street Bldg.	19. Jail/Prison	24. Other Structure	29. Motor Vehicle	34. Other

Event Data	1. Offense	2. Victims	3. Offenders	4. Prem. Ent.	5. Veh. Stolen	6. Type of Weapon	7. Knife/Cutting Instrument	8. Poison	9. Explosives	10. Fire/Incendary	11. Threat/Intimidation	12. Simulated Weapon	13. Drugs	14. Unoccupied
Location Type	01. Residence Single	02. Traffic Felony	03. Misdemeanor	04. Traffic Misdemeanor	05. Ordinance	06. Other	07. Other	08. Other	09. Other	10. Other	11. Other	12. Other	13. Other	14. Other
Business Name/Area Identifier	1660 NE 364 AVE													
City	OLD TOWN													
Zip	32680													
District	0000													
Grid	0000													
Area	0000													
Zone	03													

Codes	1. Injury Type	2. Victim Relationship to Offender	3. Sex	4. Residence Type	5. Residence Status	6. Extent of Injury
01. N/A	04. Unconscious	00. N/A	N - N/A	0. N/A	0. N/A	0. None
02. Stabbed	05. Post Broken Bones	01. Undetermined	O - Oriental/Asian	1. City	1. Full Year	1. Minor
03. Laceration	06. Post. Internal Injury	02. Stranger	U - Unknown	2. County	2. Part Year	2. Serious
04. Burns	07. Loss of Teeth	03. Spouse	M - Male	3. Florida	3. Non-Resident	3. Fatal
05. Post Broken Bones	08. Burns	04. Ex-Spouse	F - Female	4. Out-of-State		
06. Post. Internal Injury	09. Abrasions/Bruiases	05. Co-Habitant	U - Unknown			
07. Less of Teeth	10. N/A	06. Parent				
08. Burns	01. Undetermined	07. Brother/Sister				
09. Abrasions/Bruiases	02. Stranger	08. Child				
10. N/A	03. Spouse	09. Step-Parent				
11. N/A	04. Ex-Spouse	10. Step-Child				
12. N/A	05. Co-Habitant	11. In-Law				
13. N/A	06. Parent	12. Other Family				
14. N/A	07. Brother/Sister	13. Student				
15. N/A	08. Child	14. Teacher				
16. N/A	09. Step-Parent	15. Child of Boy/Girl Friend				
17. N/A	10. Step-Child	16. Boy/Girl Friend				
18. N/A	11. In-Law	17. Friend				
19. N/A	12. Other Family	18. Neighbor				
20. N/A	13. Student	19. Sibling/Day Care				
21. N/A	14. Teacher	20. Employee				
22. N/A	15. Child of Boy/Girl Friend	21. Employer				
23. N/A	16. Boy/Girl Friend	22. Landlord/Tenant				
24. N/A	17. Friend	23. Acquaintance				
25. N/A	18. Neighbor	24. Other Known				
26. N/A	19. Sibling/Day Care					
27. N/A	20. Employee					

VICTIM / WITNESS	1. #1	2. #2	3. Both	4. V. Type	5. Name (Last, First, Middle or Business)	6. City	7. State	8. Zip
1. #1 3 Both	1			C	SGT KE	CROSS CITY	FL	32628
2. #2		1						
3. Both			1					
Address (Street, Apt. Number)	P. O BOX 470							
City	WIMBERLEY							
State	FL							
Zip	32628							
Business Phone								

VICTIM / WITNESS	1. #1	2. #2	3. Both	4. V. Type	5. Name (Last, First, Middle or Business)	6. City	7. State	8. Zip
1. #1 3 Both	1			C	SGT KE	CROSS CITY	FL	32628
2. #2		1						
3. Both			1					
Address (Street, Apt. Number)	1660 NE 364 AVE							
City	OLD TOWN							
State	FL							
Zip	32680							
Business Phone								

SUSPECT	1. #1	2. #2	3. Both	4. V. Type	5. Name (Last, First, Middle)	6. City	7. State	8. Zip
1. #1 3 Both	1			A	TRUSSELL	OLD TOWN	FL	32680
2. #2		1						
3. Both			1					
Address (Street, Apt. Number)	1660 NE 364 AVE							
City	OLD TOWN							
State	FL							
Zip	32680							
Business Phone								

SUSPECT	1. #1	2. #2	3. Both	4. V. Type	5. Name (Last, First, Middle)	6. City	7. State	8. Zip
1. #1 3 Both	1			A	TRUSSELL	OLD TOWN	FL	32680
2. #2		1						
3. Both			1					
Address (Street, Apt. Number)	1660 NE 364 AVE							
City	OLD TOWN							
State	FL							
Zip	32680							
Business Phone								

The above named defendant was arrested on ten(10) felony Warrants from FDLE case # tl-11-0119 for Violation of criminal actions under color of Law or through use of simulated legal process Florida Statute # 843.0855 (3)(4). Trussell was transported to the Dixie County Jail without incident.

ADMINISTRATIVE	1. Case Status	2. Clearance Type	3. Unfounded	4. Adult	5. Jail Number	6. Number Arrested
Case Status	CA	1. Arrest	2. Exceptional	3. Unfounded	4. Adult	5. Jail Number
Exception Type	1. Extradition Declined	2. Arrest on Primary Offense	3. Death of Offender	4. V. I/W Released to Cooperate	5. Prosecution Declined	6. Juvenile/No Custody
Person/Unit Notified	Sgt. K.E. Wimberley					
Time	09/03/2014					
Officer Reviewing (Applicable)	SGT KE WIMBERLEY					
ID Number	54-12 DC SO					
Unit	54-12 DC SO					
Date	09/03/2014					
Assigned To	By					
Referred To	Date					