| | ADULT ARREST REPORT. J; ADULT NOTICE TO APPEA | R DXICCSO | | | UNTY, FI | HERIFF ORIDA ION OF ARREST | | | OBTAINE | N STATEMENTS ED □ YES IXI NO T REPORT | |
|-------------|--|----------------------|---|---|--|----------------------------------|------------------------|----------------|------------------|--|--|
| [| SPECIAL INSTRUCTIONS | OPPD GCSPD OTHER | GFC FMP | | □ O.P | CITY U | JNINCORPOR AREA | ATED . | WRITTE! | N ☐ YES X NO 4-008344 | |
| Å | HAWKINS, J. E. | 3.10 NO. 06182 | 4 LOCATION 212 BLAI | | | | 5.1 | DATE OF ARREST | | 6. TIME OF ARREST 14:56 | |
| H I | 7. ARREST NUMBER 12. COURT DATE (LOCATION/DATE/TIME) | 8. O.B.T.S, NUMBER | | 9. BOOKING OFFICE | R 10. A | NGERPRINT OFFICER | | 11. SEARCHIN | G OFFICER | | |
| | 13. NAME (LAST, PRST, MIDDLE) | | | | | | | | | | |
| | GREEN, JOHN DAVID 15. HOME ADDRESS | | | | | | | | | R. | |
| Đ | 199 SADDLERIDGE DR, BLAIRSVILLE, GA 30512 17. MAILING ADDRESS_IF DIFFERENT FROM PHYSICAL | | | | | | | | | | |
| F | IR EMPLOYER AND ADDRESS UNEMPLOYED NONE | | | | | | | | | R | |
| D A N | 30 POB (CITY/STATE) ORLANDO, FL, United | 21, CITIZENS UNIT | HIP I | א תפוטבטיפן ורבג | CF MINIGEO/CTATE | | T | M EULIN CEU | (904) | * | |
| 7 | 24. RACE 25. SEX 26. DATE OF BIRT | H(MDY) 27.A | | | OO 30. HAIF | GRAY | 31. EYE COLOR BRC | WN | 32 COMPLEX | 33. 8UNLD | |
| | 35. CHARGE Fugitive From Justice #1 | 36 TYPE F | | 38. STATUTE/ORDI 941-02 | NANCE NUMBER | 39. CASE # 2014 | 1008344 | 40. WEAPON SE | IZED 4 | I. CHEM. TEST RESULT | |
| С | 42 DRUG ACT 43 DRUG TYPE | 44. DRUG UNIT | 45. DRUG AMOUN | *************************************** | | CARR. RELAT. FRIEND | 47. BOND | | 48. MADE BY | | |
| H A R | 35. CHARGE # 2 42. DRUG ACT 43. DRUG TYPE | 36. TYPE | D ORO. | 38. STATUTE/ORDI | | 39. CASE # | | 40. WEAPON SEI | ZED 4 | CHEM. TEST RESULT | |
| G E S | 42. DRUG ACT 43. DRUG TYPE 35. CHARGE | 44. DRUG UNIT | 45. DRUG AMOUNT | 38. STATUTE/ORDI | | ICIARR RELAT. | 47. BOND | | 48, MADE BY | | |
| | # 3 42. DRUG ACT 43. DRUG TYPE | 44. DRUG UNIT | 37. CI F.S.S. CI ORD. 45. DRUG AMOUNT | | | 39. CASE # IC/ARR. RELAT. | 47, BOND | 40. WEAPON SEI | | CHEM. TEST RESULT | |
| | | Mar | | • | | 00 PM | 147, 80,80 | | 48. MADE BY | | |
| 3 % E | Having an active arrest warrant for his arrest per the following: Contact was made with the defendant while assisting Agent T. Colalillo, with the Florida Department of Law Enforcement (FDLE) and Chief Thomsen with, Sac City Police Department Sac City Iowa with a Homicide Investigation. After receiving information of the defendant's whereabouts. The defendant provided his Florida Identification for identification purposes. The defendants information was ran through the NCIC/FCIC which revealed an active arrest warrant out of Sac City Iowa for First Degree Murder. NCIC Operator Dalrymple I.D. # 7122 confirmed the warrant. The warrant information is as follows: Charge: First Degree Murder Judge/ Magistrate: Warren L. Bush | | | | | | | | | | |
| ≨ ∐; | IS CO-DEFENDANT 1 1 1 VICTIM/COMPLAINANT | 50. DATE OF BIRTH | 49. CO-DEFENDANT # 2 | | | 50. DATE OF BIRTH | 49. CO-DEFENDANT #3 | | | 50. OATE OF BIRTH | |
| c | State Of Florida S. WINESS | | 52. DATE OF BIRTH | 53. ADDRESS 57. ADDRESS | | 9 | | | 54. PHONE NUMB | | |
| ' IL | 5. WITNESS | | | 57, ADDRESS | | | | | 58. PHONE NUMBER | | |
| Щ | 9 | ne ore size or es- | 56. DATE OF BIRTH | | | | | | 58. PHONE NUMBI | | |
| A P | TO BE SET BY CLERK OF COURT AGREE TO APPEAR AT THE PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED IN THIS NOTICE | | | | | | | | | | |
| E A 6 | AGREE TO APPEAR AT THE PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED IN THIS NOTICE OF APPEAR OR PAY THE RINE SET FORTH ON THIS FORM THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MAY REEST MAY BE ISSUED. "HEREBY CERTIFY BY MY SIGNATURE THAT THE PERMANENT ADDRESS LISTED ABOVE IS MY CORRECT MAILING ADDRESS." IS GINATURE OF DEFENDANT | | | | | | | | | | |
| "∐ | 2. I SWEAR/AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT 53. SWORN TO AND SUBSCRIBED BEFORE IN | | | | | | | | £ | | |
| P | UNTED ID NUMBER | | | | AUTHORITY THIS DAY OF SIGNATURE OF NOTARY OR LAW ENFORCEMENT OFFICER | | | | | | |
| | IAWKINS, J. E. | 06182 | | | 65. TRANSPORTING OFFICER | | | | | | |
| L | - PARCELL - PARC | EICED CODY | | <u> </u> | (IF OTHER THAN B | | | | | | |

| NOTICE TO | APPEAR | CCSO FHP LOCATION OF ARREST: | | | | | | | XX ADULT | | |
|---|-----------------------|------------------------------|---------------------------------------|---------------------|--|--|---------------------------|------------------------------|----------------------------|--|--|
| | | OPPD GCSPD OTHER_ | GFC FMP | ****** | O.P. CITY UNINCORPORATED GCSPS CITY AREA K.H. CITY | | | | 1. CASE NUMBER 2014-008344 | | |
| HAWKING TE In | | 3.10 NO. 06182 | 3.10 NO. 4 LOCATION 212 BLANDING BLVD | | | | | 0F ARREST (MDY) 3/25/2014 | 6 TIME OF ARREST 14:56 | | |
| 13. DEFENDANT NAME GREEN, JO | HN DAVID | | | 7. ARREST NUMBER | | 8 | O.B.T.S. NUMBER | | | | |
| 35. CHARGE # | | 36. TYPE | □ ono. | 38. STATUTE/ORDINAL | | 39. CASE # | | WEAPON SEIZED | 41. CHEM. TEST RESULT | | |
| 42. DRUG ACT | 43, DRUG TYPE | 44. DRUG UNIT | 45. DRUG AMOUI | | | | 47. BOND | 48. MADE BY | 44 *1 | | |
| 35. CHARGE # 42. DRUG ACT | 43. DRUG TYPE | 36. TYPE | D ORO. | 38. STATUTE/ORDINAN | | 39, CASE # | | WEAPON SEIZED | 41. CHEM. TEST RESULT | | |
| 12 UNOG AUT | 23 UNIO TIPE | 44, UNUG UMI | 45 DRUG AMOU! | () | 46, VIC/AI | RR. RELAT. | 47, BOND | 48. MADE BY | **** | | |
| Bond: No The defen | | arrested | and trans | sported | to the C | lay Count | y Jail | without in | ncident. | | |
| | | | | | | | | | | | |
| 11. VICTIMICOMPLAINANT 8. I SWEARVAFFIRM THE ABO | OVE STATEMENTS ARE TR | UE AND CORRECT | 52 DATE OF BIRTH | 53. ADDRESS | AUTHORITY | | DAND SUBSCRIBED DAY OF | 54. PHONE NU BEFORE ME | MBER | | |
| | | UE AND CORRECT | 52 DATE OF BIRTH ID NUMBER 06182 | 60. | AUTHORITY ATURE OF NOTARY OR | SWORN TO THIS LAW ENFORCEMENT OFFI | | | MBER | | |

OFFICE OF THE SHERIFF