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(ORI) FL:	FL0841000	Name O	RANGE CITY POL	CE DEPARTMENT	Tuck	Number: 180	002776	Time of	- Limited
CIC/NCIC Che	ck? 🛮 Yes 🗆	No OBTS#			U.K.	Arrested:		Arrest:	
	T (Street, City, State, Zip):	ORANGE OF	, FL	32763	Arrested: By: Smit	h,Brie		Number: OC	1288
	RICKLAND BLVD NAME (Last)	ORANGE CITY	(First)	(Middle)	AKA:	T, Dire		Sex	Race:
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5' 11	Weight	Hair: BRO	BRO	P.O.B. (City, State, Country):					Statement Yes ☐ No
s, Marks,		1 BRO	Dito	Business &					Citizenship
os: ation	- C- B	Sexual Predator	D. R	Occupation: English: v.	es No 🗆 _		Deaf-Mute:	Yes No	Yes No
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	DOMESTIC			N		Report X Traffic In	П	DUI Total	pes 1
HARGES	VIOLENCE?	Yes Attachments:	Affidavit(s)?		A Schedule		fraction(s)	Bond:	jes 1
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Arrest Witness/Victim/Evidence X Adult Affidavit **Court Case** Form 707-A Notice to Appear ☐ Juvenile Page # 3 of 3 Number: Defendant (Last) 180002776 Number RAULERSON JENNIFER Name: SSN. Vic Race Age (Last) MITEL WE KOHLS Zip Address Yes X No Phone. (#. Street, City, State): 1065 HARLEY STRICKLAND BLYDORANGE CITY FI 32763 Ζip Bus/School Phone Address Relative Contact Relative Phone. Contact Name SSN: DOB: (Last) (First) MXF 32 05-27-1986 CRUZ **ALEXIS** Address Zio Home Yes No Phone: (386) 456-1001 (# Street, City, State): 1065 HAPLEY STRICKLAND BLVDORANGE CITY FL 32763 Zip: Bus: Bus/School Phone Address: Relative Contact Relative. Phone: Artrinoce Contact Name DOB SSN Race Age (First) (Middle) Vic Name MOF W Zip Home Statement Yes No Address Phone (#. Street, City, State): Zip Bus Bus School Phone Address: Relative Contact Relative/ Phone: Contact Name BOO! Micidle Vic (Last) MOFO Wit Zρ Address Yes No Phone (#, Street, City, State): Zip Bus/School Phone Address. Relative Contact Relative Phone: Contact Name SSN DOB Age (First) Name: MOF W Zip Home Address Yes No Phone (#. Street, City, State): Zip Bus Bus/School Phone Address: Relative Contact Relative Phone Acciress Contact Name SSN Race DOB (First) (Middle) Vic (Last) MOF wa Home Zio Address Yes No Phone (#. Street, City, State): Zip: Bus Bus/School Phone Address. Relative Contact Phone Contact Name Accress: **EVIDENCE COLLECTED** Drug Amount Model Serial/I.D. Number Description of Evidence 09-14-2018 RECEIPT & IMAGE OF ITEMS Value Address (Phone) Owner Name (Last) 1.00 OCPD Date Recovered Model Serial 1.D. Number Drug Amount Description of Evidence Value (Phone) (Address) Owner Name (Last) Drug Amount Model Serial II D. Number Date Recovered Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Model Serial/I.D. Number Drug Amount Date Recovered Description of Evidence Date Recovered Model Serial I.D. Number Drug Amount Description of Evidence Drug Amount Model Serial/I.D. Number Date Recovered

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Description of Evidence

Description of Evidence

Description of Evidence

SMITH, BRIE Investigating Officer OC1288 ID Number

Date Recovered

Date Recovered

OCPD

Model Serial/I.D. Number

Model Serial/I.D. Number

Agency

Drug Amount

Drug Amount

tic		Volusia
YLIC	- t- 4 beatwesten Chast	Court Case
otice to Appear Instruction Sheet flow these instructions according to the boxes checked.		Number: Agency Case
	T (1	Number: 180002776
Ma	andatory Court Appearance — You MUST ap fice at the mailing address you have given. I	pear at COURT. You will receive a Notice of Arraignment from the County Clerk's Failure to appear at the time and place designated, will result in a warrant being issued for your ar
Co	ourt Appearance Not Mandatory You MUST	comply with EITHER A or B:
	PAYMI	ENTS SHOULD BE MADE PAYABLE TO:
		CLERK OF THE COURT.
A.	Office checked below, from 8:00 a.m. to 4:	ver information below and either mail or personally present this citation at the Clerk's 30 p.m., Monday through Friday within 15 days of the issuance of this Notice to sonal check, money order or certified check made payable to: Clerk of the Court.
	Total fine and costs you must pay: \$	
B.	the 15th day falls on a Saturday, Sunday of	that a court date be set within 15 days of the issuance of this Notice to Appear (if or legal holiday, the period is extended to the next working day) by either appearing a.m. at the Clerk's Office checked below, or by mailing your written request to the below.
C	OUNTY CLERK'S OFFICES:	
573		5, 101 N. Alabama Avenue, Deland, FL, 32724
	Court House Annex, room 109, 125 E.	Orange Avenue, Daytona Beach, FL, 32114
	☐ Volusia County Courthouse, room 6, 12	24 N. Riverside Drive, New Smyrna Beach, FL, 32169
		aet a court data and/or fall to annear netore the court as required by this revuce to
	Appear, or fall to pay the indicated fine warrant for my arrest will be issued.	est a court date and/or fall to appear before the court as required by this Notice to and costs on or before the date set forth above, I may be held in contempt of court and a
	Appear, or fall to pay the indicated fine	and costs on or before the date set forth above, I may be held in contempt of court and a
If er S	Appear, or fall to pay the indicated fine warrant for my arrest will be issued. DEFENDANT'S SIGNATURE (MANDATO TTENTION: PERSONS WITH DISABILITIE you are a person with a disability who notitied, at no cost to you, to the provision te.300. Daytona Beach, FL 32114; Teleph	and costs on or before the date set forth above, I may be held in contempt of court and a DRY):
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If el S al	Appear, or fall to pay the indicated fine warrant for my arrest will be issued. DEFENDANT'S SIGNATURE (MANDATO TTENTION: PERSONS WITH DISABILITIE you are a person with a disability who notitied, at no cost to you, to the provision te.300, Daytona Beach, FL 32114; Telephre hearing or voice impaired, call 1-800-99. Ilea and Waiver Information this notice indicates that you have the optio	and costs on or before the date set forth above, I may be held in contempt of court and a DRY): Seeds any accommodation in order to participate in this proceeding, you are not certain assistance. Please contact Court Administration, 125 E. Orange Avenue, one: 386-257-6096 within two (2) working days of your receipt of this notice: If you
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P If pi	Appear, or fall to pay the indicated fine warrant for my arrest will be issued. DEFENDANT'S SIGNATURE (MANDATO TTENTION: PERSONS WITH DISABILITIE you are a person with a disability who not titled, at no cost to you, to the provision te.300, Daytona Beach, FL 32114; Telephore hearing or voice impaired, call 1-800-99. Ilea and Waiver Information this notice indicates that you have the option aragraph A above. Read and sign this page. In consideration of my not appearing in confight to be present and the reading of the of guilty or nolo contendere (no contender in doing so, I understand the nature of the before a judge or jury, the right to a contito this charge being withheld.	and costs on or before the date set forth above, I may be held in contempt of court and a DRY): Seeds any accommodation in order to participate in this proceeding, you are a of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, one: 386-257-6096 within two (2) working days of your receipt of this notice: If you 55-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE. In to pay a fine or appear in court and you choose to pay the fine, follow the instructions in the triangle of the clerk's office with your fine payment. Ourt, I enter my plea on the affidavit in this case, for the offense charged, waiving my affidavit. I understand the nature of the charge(s) against me and hereby enter my plea est). The charge(s) against me, I understand that I waive my right to counsel, the right to a trial nuance, and the right to appeal. Payment of this fine will result in adjudication of guilt derstand the above statements. I am not under the influence of alcohol or drugs. I also
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Defendant's Name (print): _

Defendant's Address: .