]	ADULT ARREST REPORT ADULT NOTICE TO APPEAR		COUNTY, FLORIDA	WRITTEN STATEMENTS OBTAINED ☐ YES 🍱 NO								
	SPECIAL INSTRUCTIONS SPECIAL INSTRUCTIONS GCSPD OTHER	GFC FMP	LOCATION OF ARREST: O.P. CITY UNINCORPORATED GCSPS CITY AREA K.H. CITY	INCIDENT REPORT WRITTEN YES NO 1. CASE NUMBER 2016-003266								
A D M	2. ARRESTED BY 3. ID NO 06827 7. ARREST NUMBER 8. O.B.T.S. NUMBER	LOCATION 1639 MORNI 9. BOOKIN		(MDY) 6. TIME OF ARREST 18:37								
N	12. COURT DATE (LOCATION/DATE/TIME)											
	13. NAME (LAST, FIRST, MIDDLE) HAMRYSKY, MATHEW DAVID 14. ALMS HAMRYSKY, MAT											
D E F	15. HOME ADDRESS 958 VILLAGE TRAIL, PORT ORAN 17. MAILING ADDRESS. IF DIFFERENT FROM PHYSICAL	16. PHONE NUMBER (904) 278-5598										
E	18. EMPLOYER AND ADDRESS BOJANGLES	19. PHONE NUMBER										
D A N	20. POB (CITY/STATE) 21. CITIZENSHIP 2											
Т	VIRGINIA BEACH, VA, UNITED 24.RACE 25 SEX 26 DATE OF BIRTHMOY 77. AGE 38 HEIGHT W M 09/06/1989 27 6'01 165 BLONDE 31. ETE CUADA 34. IDENTIFYING CHARACTERISTICS (SCARSAMARI/STIATOOS/ETC.) 34. IDENTIFYING CHARACTERISTICS (SCARSAMARI/STIATOOS/ETC.)											
_	35. CHARGE Aggravated Child Neglect 36. TYPE # 1		TE/ORDINANCE NUMBER 39, CASE # 40, WEAPON SE NON									
	42. DRUG ACT 43. DRUG TYPE 44. DRUG UNIT	15. DRUG AMOUNT	46. VIC/ARR RELAT. 47. BOND	E (NO								
H	35. CHARGE Aggravated Manslaughter Of #2 Child		TE/ORDINANCE NUMBER 39, CASE # 40, WEAPON SE									
R	#2 Child F 43. DRUG TYPE 44. DRUG UNIT	□ ORD. 782 - 45. DRUG AMOUNT	46. VIC/ARR. RELAT. 47. BOND	E (NO								
E S	35. CHARGE 36. TYPE	- 1,0,0,	UNKNOWN TE/ORDINANCE NUMBER 39. CASE # 40. WEAPON SE	IZED 41. CHEM. TEST RESULT								
	# 3 42. DRUG ACT 43. DRUG TYPE 44. DRUG UNIT	45. DRUG AMOUNT	45. VIC/ARR. RELAT. 47. BOND	48. MADE BY								
	ON THE Sth DAY OF Septem	-har 2016	AT 6:37 PM THE DEFENDANT,									
PROBABLE C	Have an active arrest warrant out of Clay County to wit: On the above date and time contact was made with the defendant at 1639 Morningside Drive, after receiving information from Detective C. Mobley #6957 that the defendant was at this residence. The defendant identified himself by his Florida Driver's License Mathew David Hamrysky. The defendant was positively identified utilizing D.A.V.I.D.											
AUSE												
iO-	49. CO-DEFENDANT 50, DATE OF BIRTH	49. CO-DEFENDANT # 2	50. DATE OF BIRTH 49 CO-DEFENDANT	50. DATE OF BIRTH								
//C	State Of Florida		DORESS .	54. PHONE NUMBER								
w	55. WITNESS	56. DATE OF BIRTH 57. AL	ODRESS:	58. PHONE NUMBER								
1 7	55 WITNESS	56. DATE OF BIRTH 57. AL	IORESS	58. PHONE NUMBER								
1	59 ITO BE SET BY CLERK	TO BE SET BY CLERK OF COURT										
PPEAR	LAGREE TO APPEAR AT THE PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR THE FINE SUBSCRIBED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED IN THIS NOTICE TO APPEAR OR PAY THE FINE SET FORTH ON THIS FORM THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST MAY BE ISSUED. **I HEREBY CERTIFY BY MY SIGNATURE THAT THE PERMANENT ADDRESS LISTED ABOVE IS MY CORRECT MAILING ADDRESS.** **ISSUADING OF DEFENDANT* **ISSUADING OF DEFEN											
	62. I SWEAR/AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT		. 63 SWORN TO AND SUBSCRIBED BEFORE N	E								
M	PRINTED SANTIAGO, D. A.	ID NUMBER 06827	AUTHORITYTHIS DAY OF SIGNATURE OF NOTARY OR LAW ENFORCEMENT OFFICER									
1		00021										
+	64. VEHICLE TOWED BY:	00027	65. TRANSPORTING OFFICER (IF OTHER THAN BLOCK 2)									

	ARREST REPORT NOTICE TO APPEAR	CLAV COUNTY ELOPIDA					ATED	JUVENILE ADULT TED 1. CASE NUMBER 2016-003266			
A	2. ARRESTED BY 3. ID NO. 4. LOCATION SANTIAGO, D. A. 06827 1639 MC			DRNINGSIDE DR				DATE OF ARREST (MDY) 09/08/2016 6. TIME OF ARREST 18:37			7
M I N	13. DEFENDANT NAME		7 ARREST NUMBER			8 O.B.T.S. NUMBER		72010	10:37	\parallel	
	35. CHARGE #	CS. TYPE	37. F.S.S.	38. STATUTE/ORDINANCE N	WUMBER	39. CASE #		40. WEAPON SE	EIZED	41. CHEM. TEST RESULT	\parallel
C H A	42. DRUG ACT 43. DRUG TYPE	44. DRUG UNIT	45. DRUG AMOU	INT	46. VIC/ARR	. RELAT.	47. BOND		48. MADE BY		+
R	35. CHARGE	36 TYPE	37. □ FS.S.	38 STATUTE/ORDINANCE N	IUMBER	39. CASE #		40. WEAPON SE	EIZED	41 CHEM, TEST RESULT	41
S	# 43. DRUG ACT 43. DRUG TYPE	44. DRUG UNIT	45. DRUG AMOU	NT	46, VIC/ARR.	RELAT.	47. BOND		48. MADE BY		\parallel
PROBABLE CAUSE	The defendant made The defendant was incident. Detention staff we Cleared by Arrest. The investigative recovery of \$25.85	the states	er arre	e defendan	t`s sta	tements	•				

A 59. I SWEAR

52. DATE OF BIRTH 53.

53. ADDRESS

54. PHONE NUMBER

59. I SWEAR/AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT

80. SWORN TO AND SUBSCRIBED BEFORE ME

AUTHORITY THIS DAY OF

PRINTED

ID NUMBER

SIGNATURE OF NOTARY OR LAW ENFORCEMENT OFFICER

SANTIAGO, D. A.

06827

OFFICER COPY

PΥ

COURT COPY

DEFENDANT COPY

CCSO/C-016 (REV. 1/02)

CLERK'S OFFICE #