

ARREST  SWORN COMPLAINT

JUVENILE  N.T.A.

OBTS NUMBER <b>2102000365</b>		<b>EIGHTH JUDICIAL CIRCUIT</b>				AGENCY REPORT NUMBER 1 6 0 1 5 4 6						
NAME (LAST, FIRST, MIDDLE) CAVANAUGH, KATHERINE MARIE						ALIAS/MAIDEN NAME						
LOCAL ADDRESS (STREET, APT. NUMBER) 458 36TH AVE N			(CITY) STPETERSBURG	(STATE) FL	(ZIP) 33704	PHONE ( )		RESIDENCE TYPE 1. CITY <input type="checkbox"/> 3. FLORIDA <input checked="" type="checkbox"/> 2. COUNTY <input type="checkbox"/> 4. OUT OF ST. <input type="checkbox"/>				
BUSINESS ADDRESS (NAME, STREET/ SCHOOL)			(CITY)	(STATE)	(ZIP)	PHONE ( )		OCCUPATION				
RACE W - WHITE I AMERICAN INDIAN B - BLACK O - ORIENTAL/ASIAN		SEX W F	DATE OF BIRTH 1 1 0 7 8 3		HEIGHT 5' 06"	WEIGHT 125 lbs.	HAIR Bm	EYES Blue	COMPLEXION	BUILD		
SCARS, MARKS, TATTOOS, UNIQUE PHYSICAL FEATURES, FACIAL HAIR (LOCATION, TYPE, DESCRIPTION)								INDICATION OF ALCOHOL INFLUENCE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> DRUG INFLUENCE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>				
DRIVER'S LICENSE (STATE/NUMBER) FL C152-513-83-907-0		SOCIAL SECURITY NUMBER		PHOTO NUMBER 061483		PLACE OF BIRTH MICHIGAN		CITIZENSHIP UNITED STATES OF AMERICA				
SPN		AGENCY ORI NUMBER FLO 210000		SO ID/AGENCY ID/NUMBER 55		BOOKING NUMBER 150574						
PARENTS, GUARDIAN OR PERSON RELEASED TO			ADDRESS			PHONE ( )		NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>				
ARREST DATE 12 - 10 - 16		ARREST TIME (MIL) 1344		BOOKING DATE 12 - 10 - 16		BOOKING TIME (MIL) 1456		LOCATION OF ARREST NW 117TH PL & SABAL TRAIL PIPELINE CROSSING				
JUVENILE DISPOSITION 1 - HANDLED WITHIN DEPARTMENT & RELEASED 0 - N/A			2 - TURNED OVER TO HRS/CYF 3 - INCARCERATED		WEAPON SEIZED TYPE 00 - N/A 01 - HAND GUN 03 - SHOTGUN		04 - FIREARM 05 - KNIFE/ CUTTING INST. 09 - EXPLOSIVES		06 - BLUNT OBJECT 10 - FIRE/INCENDIARY 08 - POISON 12 - SIMULATED WEAPON			
ACTIVITY S. SELL R. SMUGGLE K. DISPENSE/ N. N/A B. BUY D. DELIVER M. MANUFACTURE/ P. POSSESS T. TRAFFIC E. USE		DISTRIBUTE PRODUCE/ CULTIVATE		U. UNKNOWN Z. OTHER		DRUG TYPE N. N/A B. BARBITURATE A. AMPHETAMINE		H. HALLUCINOGEN C. COCAINE M. MARIJUANA		P. PARAPHERNALIA/ EQUIPMENT O. OPIUM/DERIVATIVE U. UNKNOWN Z. OTHER S. SYNTHETIC		
CHARGE DESCRIPTION OBSTRUCT LAW ENFORCMENT W/O VIOLENCE				COUNT 1	<input type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD. <input type="checkbox"/> TRAFFIC	STATUTE/ORDINANCE NUMBER 8,4,3   0,2				VICTIM NOTIFICATION ARREST Y <input type="checkbox"/> N <input checked="" type="checkbox"/> RELEASE Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
<input type="checkbox"/> CAPIAS <input type="checkbox"/> ARREST WARRANT <input type="checkbox"/> JUV. P.U. <input type="checkbox"/> CITATION <input type="checkbox"/> CIVIL ORDER				SEQ. NO.	OFFENSE DATE AND TIME (MIL) 12/10/16 1343		BAIL AMOUNT		DRUG TYPE N		ACTIVITY N	
VICTIM NAME (IF BUSINESS GIVE LEGAL NAME) STATE OF FLORIDA				ADDRESS				PHONE ( )				
CHARGE DESCRIPTION				COUNT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISD. <input type="checkbox"/> TRAFFIC	STATUTE/ORDINANCE NUMBER				VICTIM NOTIFICATION ARREST Y <input type="checkbox"/> N <input type="checkbox"/> RELEASE Y <input type="checkbox"/> N <input type="checkbox"/>		
<input type="checkbox"/> CAPIAS <input type="checkbox"/> ARREST WARRANT <input type="checkbox"/> JUV. P.U. <input type="checkbox"/> CITATION <input type="checkbox"/> CIVIL ORDER				SEQ. NO.	OFFENSE DATE AND TIME (MIL)		BAIL AMOUNT		DRUG TYPE		ACTIVITY	
VICTIM NAME (IF BUSINESS GIVE LEGAL NAME)				ADDRESS				PHONE ( )				
1. Name _____ DOB _____ Race/Sex _____ Case No. _____		2. Name _____ DOB _____ Race/Sex _____ Case No. _____		Felony _____ Misd. _____ TC _____ NTA _____ Arrest _____ SC _____ JV _____		Felony _____ Misd. _____ TC _____ NTA _____ Arrest _____ SC _____ JV _____						
PROSECUTIVE SUMMARY THE FOLLOWING OCCURRED IN (CITY) <b>BRANFORD</b> , (COUNTY) <b>Gilchrist</b> , FL. On 12/10/2016 at approximately 1343hrs I was on NW 117th PL working an off duty security detail. This detail is at the Sabal Trail Pipeline crossing area of NW 117th PL. I was attending to another incident west of there when I saw east of me, at the Sabal Trail Pipeline crossing on NW 117th PL, there was a group of vehicles stopped in the roadway. I approached the group and not a single vehicle was moving, they were all stopped in the roadway. I activated my overhead emergency lights on my marked Gilchrist County Patrol vehicle. I exited and began demanding from the drivers their license, registration and proof of insurance. The group was detained for the traffic violation. The driver of the yellow Nissan SUV began trying to leave the traffic stop west bound on NW 117th PL. I eventually approached the driver and explained she was not free to go, I was contacting her because she stopped her vehicle in the roadway. I repeatedly demanded her license, registration and insurance. She repeatedly refused or did not comply. I told her she would be arrested if she did not produce the documents demanded. She, instead of making effort to produce the documents, began to try to divert me into discussing her rights or explain herself out of producing the documents. She was then arrested for obstructing the lawful duties of a law enforcement officer.												
N.T.A. <input type="checkbox"/> MANDATORY APPEARANCE IN (COURT) _____, _____, _____, at ( : ) A.M. ( ) P.M. <input type="checkbox"/> YOU NEED NOT APPEAR IN COURT, BUT MUST COMPLY WITH INSTRUCTIONS ON BACK. I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED ABOVE 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 BY THIS NOTICE TO APPEAR THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
JURAT SWORN TO AND SUBSCRIBED TO BEFORE ME THIS _____ 10 DAY OF _____ December _____ 2016 I SWEAR THE ABOVE AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF NAME (PRINT) _____ D/S J. DAVIS SIGNATURE _____ T. M. _____ SIGNED _____ D/S J. DAVIS TITLE _____ Correctional Deputy AGENCY _____ Gilchrist County Sheriff's Office OFFICER ID NUMBER _____ 152												
WITNESS INFO. NAME _____ ADDRESS _____ RES. PHONE ( ) _____ EMPLOYER _____ NAME _____ ADDRESS _____ RES. PHONE ( ) _____ EMPLOYER _____												