

00 OCT 10 PM 3:16

ALACHUA COUNTY COURT
ALACHUA COUNTY, FL.

CASE ACTION REPORT
NOLLE/NO INFORMATION/FINAL DISPOSITION

STATE OF FLORIDA

Court#: 01-2000-00255-CFA

C.R.#: 99-14979

-VS-

DIVISION IV

JAMES ALBERT TAYLOR JR

On 11/23/1999 the ALACHUA COUNTY SHERIFF'S OFFICE filed a Sworn Complaint, charging the above named defendant with: (original charge)[s])

- 1) KIDNAPPING
- 2) SEXUAL BATTERY BY USE OF THREAT OF DEADLY WEAPON

The facts of the case have been reviewed by this office:

The State of Florida, by the undersigned authority, enters a **NOLLE PROSEQUI/NO INFORMATION (DISMISSAL)** in the above entitled action as to:

Count

Reason

- | | |
|---|---|
| 1) KIDNAPPING | 1Y DEFENDANT SENTENCED ON OTHER CHARGES |
| 2) SEXUAL BATTERY BY USE OF THREAT OR DEADLY WEAPON | 1Y DEFENDANT SENTENCED ON OTHER CHARGES |

EVIDENCE:

The Evidence Custodian is hereby authorized to:

- () Retain custody of the evidence until instructed otherwise.
- () Dispose of the evidence in accordance with Florida Statutes.

I HEREBY CERTIFY that a copy hereof has been furnished to , by Inter Office Mail, this 10 day of October, 2000.

ROD SMITH
State Attorney


JAMES M. COLAW
Assistant State Attorney
Bar #: 0157309

Clerk State Attorney's Office Defense Counsel Jail
INVESTIGATIVE AGENCY - ACSO (R. K. HERNBERGER - 100) Evidence Custodian -

FOR FURTHER INFORMATION CALL VONCILLE BRUCE - (352) 374-3670 EXT 2164
REMARKS -

EIGHTH JUDICIAL CIRCUIT

OBTS NUMBER	NAME (LAST, FIRST, MIDDLE) Taylor, James Albert				AGENCY REPORT NUMBER 99-14979			
LOCAL ADDRESS (STREET, APT. NUMBER) 2725 S.W. 27 Avenue, #F-7	(CITY) Gainesville, FL	(STATE) FL	(ZIP) 32607	PHONE	RESIDENCE TYPE 1. CITY <input type="checkbox"/> 3. FLORIDA <input type="checkbox"/> 2. COUNTY <input checked="" 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 <input checked="" type="checkbox"/> B B - BLACK O - ORIENTAL/ASIAN	SEX M	DATE OF BIRTH 10/17/77	HEIGHT 5'11"	WEIGHT 145	HAIR Black	EYES Brown	COMPLEXION Medium	BUILD Medium
SCARS, MARKS, TATTOOS, UNIQUE PHYSICAL FEATURES, FACIAL HAIR (LOCATION, TYPE, DESCRIPTION)								INDICATION OF ALCOHOL INFLUENCE <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK DRUG INFLUENCE <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK
DRIVER'S LICENSE (STATE/NUMBER) FL/T460-441-77-3770	SOCIAL SECURITY NUMBER [REDACTED]		PHOTO NUMBER		PLACE OF BIRTH		CITIZENSHIP U.S.	
SPN 1996000320	AGENCY ORI NUMBER FL0010000		SO ID/AGENCY ID/NUMBER		BOOKING NUMBER			
PARENTS, GUARDIAN OR PERSON RELEASED TO	ADDRESS				PHONE		NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARREST DATE	ARREST TIME (MIL)	BOOKING DATE	BOOKING TIME (MIL)	LOCATION OF ARREST				
JUVENILE DISPOSITION 1 - HANDLED WITHIN DEPARTMENT & RELEASED 2 - TURNED OVER TO HRS/CYF 3 - INCARCERATED 0 - N/A <input checked="" type="checkbox"/>		WEAPON SEIZED TYPE 00 - N/A 02 - RIFLE 01 - HAND GUN 03 - SHOTGUN		04 - FIREARM 05 - KNIFE/ CUTTING INST.	06 - BLUNT OBJECT 08 - POISON 09 - EXPLOSIVES	10 - FIRE/INCENDIARY 12 - SIMULATED WEAPON <input checked="" type="checkbox"/>		
ACTIVITY N. N/A B. BUY P. POSSESS T. TRAFFIC	S. SELL R. SMUGGLE D. DELIVER E. USE	K. DISPENSE/ DISTRIBUTE	M. MANUFACTURE/ PRODUCE/ CULTIVATE	U. UNKNOWN Z. OTHER	DRUG TYPE N. N/A A. AMPHETAMINE	B. BARBITURATE C. COCAINE E. HEROIN	H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE	P. PARAPHERNALIA/ EQUIPMENT S. SYNTHETIC
CHARGE DESCRIPTION Kidnapping		COUNT <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD. <input type="checkbox"/> TRAFFIC	STATUTE/ORDINANCE NUMBER 7, 8, 7, 0, 1, ()		VICTIM NOTIFICATION ARREST <input checked="" type="checkbox"/> N <input type="checkbox"/> RELEASE <input checked="" type="checkbox"/> N <input type="checkbox"/>			
# 2000-255-CFA		SEQ. NO.	OFFENSE DATE AND TIME (MIL) 11/23/99 2150		BAIL AMOUNT		DRUG TYPE ACTIVITY	
VICTIM NAME (IF BUSINESS GIVE LEGAL NAME)		ADDRESS				PHONE ()		
CHARGE DESCRIPTION Sexual Battery		COUNT <input type="checkbox"/> FELONY <input type="checkbox"/> MISD. <input type="checkbox"/> TRAFFIC	STATUTE/ORDINANCE NUMBER 7, 9, 4, 0, 1, 1, ()		VICTIM NOTIFICATION ARREST <input checked="" type="checkbox"/> N <input type="checkbox"/> RELEASE <input checked="" type="checkbox"/> N <input type="checkbox"/>			
#		SEQ. NO.	OFFENSE DATE AND TIME (MIL) 11/23/99 2150		BAIL AMOUNT		DRUG TYPE ACTIVITY	
VICTIM NAME (IF BUSINESS GIVE LEGAL NAME) Sheryl E. Jones, Rose		ADDRESS				PHONE ()		
1. Name		DOB	Race/Sex	Case No.	Felony Misd. TC NTA Arrest SC JV			
2. Name		DOB	Race/Sex	Case No.	Felony Misd. TC NTA Arrest SC JV			
THE FOLLOWING OCCURRED IN (CITY) , (COUNTY) Alachua , FL; (victim) was in a verbal argument with James A. Taylor (defendant), the father of Jones' two children. The verbal argument became physical when Taylor struck in the face, slammed her into a wall and then onto the floor. Taylor grabbed by her hair, pulling some of it out. Taylor then kicked a bathroom door in where had tried to get away from Taylor. Taylor pulled by her hair again and forced outside into a vehicle driven by someone did not know. Taylor and were dropped off at a motel. Taylor then threatened and made her walk to his apartment. Once inside Taylor's apartment, was forced to take her clothes off and perform oral sex on Taylor. Taylor								
<input type="checkbox"/> MANDATORY APPEARANCE IN COURT 19 , 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.								
SWORN TO AND SUBSCRIBED TO BEFORE ME THIS					I SWEAR THE ABOVE AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF			
24 DAY OF January 2000					NAME (PRINT) R. K. Hernberger			
SIGNATURE [Signature]					SIGNED R. K. Hernberger			
TITLE Deputy Sheriff					AGENCY ASO OFFICER ID NUMBER 100			
WITNESS INFO								
NAME			RES. PHONE ()			EMPLOYER		
NAME			RES. PHONE ()			EMPLOYER		

ARREST SWORN COMPLAINT

JUVENILE

N.T.A.

**SUPPLEMENT
EIGHTH JUDICIAL CIRCUIT**

ADMIN.	OBTs NUMBER		SUPPLEMENT EIGHTH JUDICIAL CIRCUIT										SPN NUMBER		99-14979							
	AGENCY ORI NUMBER FL0010000												AGENCY REPORT NUMBER									
DEF.	NAME (LAST, FIRST, MIDDLE) Taylor, James Albert												ALIAS/MAIDEN NAME									
	RACE W - WHITE B - BLACK		I - AMERICAN INDIAN O - ORIENTAL/ASIAN		SEX [B] M		DATE OF BIRTH 10/17/77		JAIL NUMBER		SO ID/AGENCY ID/NUMBER		HEIGHT 5'11"		WEIGHT 145							
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		U. UNKNOWN Z. OTHER		DRUG TYPE N. N/A A. AMPHETAMINE		B. BARBITURATE C. COCAINE E. HEROIN		H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE		P. PARAPHERNALIA/ EQUIPMENT S. SYNTHETIC		U. UNKNOWN Z. OTHER	
	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"/>	
CHARGE	<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			
	# 2000 - 255 - CFA																					
CHARGE	VICTIM NAME (IF BUSINESS GIVE LEGAL NAME)								ADDRESS								PHONE ()					
CHARGE	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"/>	
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CHARGE	#																					

NAME (PRINT) R. K. Hernberger SIGNED _____ AGENCY ASO OFFICER ID NUMBER 100

WHITE — COURT YELLOW — STATE ATTORNEY GREEN — INVESTIGATIONS PINK — AGENCY COPY GOLDEN — DEFENDANT PAGE 2 OF 2