

ARREST / BOOKING REPORT ☐NOTICE TO APPEAR ☐COMPLAINT AFFIDAVIT ☒☒ ADULT  
☐ JUVENILE

DIVISION CODE

AGENCY ORI NUMBER

AGENCY NAME

AGENCY REPORT NUMBER

PAGE OF PAGES

FLO 550000

SJ30

98198235

DATE OF ARREST (MOY)

TIME OF ARREST

LOCATION OF ARREST

ARRESTED BY

ID NUMBER

ARREST NUMBER

O.B.T.S. NUMBER

WEAPON SEIZED  
(TYPE)INFLUENCE  
OF ALCOHOLINFLUENCE  
OF DRUGS

DEPENDANT'S NAME (LAST, FIRST, MIDDLE)

HAIRSON, DARNELL WAYNE

WAYNE

/ 0 1 2 3 4

ADDRESS- LOCAL

(STREET, APT. NUMBER)

(CITY)

(STATE)

ZIP CODE

603 AVILA AVE

ST. AUGUSTINE FL

ADDRESS- OTHER (EMPLOYER / SCHOOL) (STR. APT. #)

(CITY)

(STATE)

ZIP CODE

BUSINESS PHONE

FALKERSON'S TOWN

ST. AUGUSTINE FL

POB (CITY, STATE, COUNTRY)

CITIZENSHIP

DRIVER'S LICENSE NUMBER

(STATE)

SOCIAL SECURITY NUMBER

H623 179 65 0150 FL

RACE

SEX

DATE OF BIRTH (MOY)

AGE

HEIGHT

WEIGHT

HAIR

LEN.

COLOR

STYLE

FAC'L

EYE COL.

COMPLEX

TEETH

SPEECH

GLASS

BUILD

SPLID

SCARS, MARKS  
AND TATTOOS

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CO-DEPENDANT

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CHARGE DESCRIPTION

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