

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR WALTON COUNTY, FLORIDA

ARREST REPORT

WALTON COUNTY SHERIFFS OFFICE

REPORT NO: WCSO10ARR002967

Jail Booking No	Offense No WCSO10OFF004236	Other No WCSO10CAD073481	OBTS
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[SUSPECT]

Last First Middle Title Race Sex DOB Age Hgt Wgt
DAY JERID LEE W M 8/1/1982 27 5'06" 0
Eyes Hair MNI Number SSN I.D. No. St Type OCA/Agency ID
BLN WCSO06MNI007028 [REDACTED] [REDACTED] FL E

Birth Location: City: County: State: ALABAMA Nation: UNITED STATES Citizenship: UNITED STATES

Address

[REDACTED] DEFUNIAK SPRINGS FL 32433

Occupations (Current/Last Known is Listed First)

Business: , Job Title: , Entered: 7/28/2010

Aliases (Last, First Middle Title DOB)

* none found in MNI *

Street Names

* none found in MNI *

[INCIDENT INFORMATION]

Occurred Date Range: 7/24/2010 05:00 to 7/26/2010 17:07 Lat / Long [REDACTED]
No. Di Street Apt/Lot City ST Zip (GEO)
[REDACTED] [REDACTED] DEFUNIAK SPRINGS FL 32433 1 - 1D - JUNI -

[CHARGES]

827.03.2

Domestic Violence Related

CRUELTY TOWARD CHILD
AGGRAVATED ABUSE

Counts	Level	Degree	GOC	UCR	NCIC	AON	Bond Amount
1	Felony	First	Principal	130A		3802	

827.03.3b

Domestic Violence Related

NEGLECT CHILD
CAUSE GREAT HARM

Counts	Level	Degree	GOC	UCR	NCIC	AON	Bond Amount
1	Felony	Second	Principal			3806	

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

On 7/24/10, the above named suspect, Jerid Day, did pick up his 3 month old child, [REDACTED], by her foot and throw her into her crib, causing the child to hit her head against the crib. This is substantiated by witness statements and medical records.

This incident caused an occipital skull fracture on the right side, with subdural and subconjunctival hemorrhage, along with bruising. There are also scratches on the child's nose.

There is also a corner-type fracture (also called a bucket fracture) involving the distal left femoral metaphysis. This may be an older fracture, a few weeks old. According to the Trauma Services Note, there is high suspicion that these injuries are from a non-accidental trauma.

Jerid Day failed to report this injury initially to his wife and to the doctor. It was not until confronted by the doctor over the phone on 7/25/10 that he should be the one to take the child to the hospital that he stated he had dropped the child.

This is in violation of FSS 827.03.2 and 827.03.3b. These actions did occur in Walton County, FL.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge

ARREST REPORT

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REPORT NO: **WCSO10ARR002967**

and belief.

Signature (Arresting Officer) _____ **AMMONS, WENDY CHARLENE** **C068**
Name ID/SSN

Subscribed and sworn to (or affirmed) before me this 28 day of July A.D., 2010 by _____
who is personally known to me or has produced _____ as identification.

Signature _____ Notary Public _____ LEO _____ CO _____

Commission No: _____ My Commission Expires _____

[PHYSICAL EVIDENCE] [**NO PHYSICAL EVIDENCE LISTED**]

[ARREST INFORMATION]

Arrested 7/26/2010 17:07 Residency **Within jurisdiction** Injured **None** Extent of Injury **N/A** Resist **No**
Arrested Prior Arrest Jurisdiction Alcohol Drugs

No. Di Street A/L City **DEFUNIAK SPRINGS** ST **FL** Zip **32433** Lat / Long
Arresting Officer Unit (JEO) **1 - 1D - JUNI -** Officer Type
C068 AMMONS, WENDY CHARLENE **CLERK CID**
Reporting Officer Unit Original Offense Jurisdiction
C068 AMMONS, WENDY CHARLENE **CLERK CID** **WCSO**

Forward to for approval

BRIAN SCHULTZ

Bond Set by LEO at Time of Arrest & Booking: **\$0.00**
 None Pro
 ROR
 Cash
 Any
 PreTrial If Qualify

Bond Set by Judge None ROR/Sign
 Cash PTR
 Any
 Pro
 PtrIQ

Purge _____
 SC _____

Return Court: _____ Date: _____ Time: _____

Instructions: _____

[DISPOSITION]

Disposition Type Release Type Other Desc

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Release Date Release Time Release Officer

Printed Printed By
No

Released To

Court Disposition Type

Court Disposition Description

[ADDITIONAL PERSONS]

[REP PERSON]

Last First Middle Title Race Sex DOB Age Hgt Wgt
GOSS CHRISTINA BRANDY W F 9/24/1980 29 0

Eyes Hair MNI Number SSN I.D. No. St Type OCA/Agency ID
BRO BRO WCSO02MNI008524 [REDACTED] [REDACTED] FL E

Birth Location: City: County: State: FLORIDA Nation: UNITED STATES Citizenship: UNITED STATES

Address
[REDACTED] DEFUNIAK SPRINGS FL 32433

Occupations (Current/Last Known is Listed First)
* none found in MNI *

[VICTIM]

* JUVENILE ON DATE OF ARREST *

* JUVENILE ON DATE OF OCCURRENCE *

Last First Middle Title Race Sex DOB Age Hgt Wgt
[REDACTED] [REDACTED] [REDACTED] [REDACTED] 4/26/2010 0 0

Eyes Hair MNI Number SSN I.D. No. St Type OCA/Agency ID
[REDACTED] [REDACTED]

Birth Location: City: County: State: [REDACTED] Nation: Citizenship:

Address
[REDACTED] DEFUNIAK SPRINGS FL 32433

Occupations (Current/Last Known is Listed First)
* none found in MNI *

COURT DISPOSITION: _____

(right index)

No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney Date