

First Appearance:	Continued:	Continued:	Continued:	Continued:
Continued:	Continued:	Continued:	Continued:	Continued:



**Arrest And Booking Report
Jacksonville Sheriff's Office
Jacksonville Florida**

ADULT

Yr: 2018 Inc # 688998	Amend #
Prev Juv Jail #	
Jail # 2018027095	10/9/2018 14:12 File Direct: YES
JSO ID # 691699	Court: Circuit
SSN	OBTS # 1607011161

Arresting Agency: **Jacksonville Sheriff's Office**

Route To:
Homicide

Day/Date/Time Arrested: **Saturday 10/6/2018 10:00**

Name: **STEPHENS, MARCO JARELL**

Aliases:

Nickname(s):

Arrestee's Home Address: **1441 MANOTAK AVE Apt./Lot #: 3609**

Sub-Sector: **K1**

City: **JACKSONVILLE State: FLORIDA Zip: 32210**

Taz: **438** Crossstreet:

OC deployed prior to/during Arrest: **NO**

DOB: **7/9/1989** Age: **29**

Height: **5' 11"** Weight (lbs): **200**

Race: **BLACK** Ethnicity: **NOT OF HISPANIC ORIGIN** Sex: **Male**

Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **DARK** Build: **Heavy**

ECD Usage: **NOT APPLICABLE**

RTR written related to this incident? **NO** RTR Incident Yr: RTR Incident #:

Is an Offense a hate crime? **NO** Is an Offense a dating violence crime? **NO** Required to register as a sex offender? **NO**

Suspect Invoke Miranda? **NO** Arrestee needs ADA Consideration? **NO** Arrestee Confessed? **YES** Miranda Rights Given? **YES**

Disability or Special Consideration:

Accommodations Requested:

Driver's License # **S315550892490** State: **FLORIDA** Subject's Resident Type: **CITY**

Hm Phone # **(904)-729-1569** Bus. Phone # Phone Ext.

Cell Phone # Cell Phone Provider E-mail

Is Vagrant? **NO**

Arrest Made On: **CALL**

Subject's Residence Status: **RESIDENT** Armed With: **HANDGUN (DISCHARGED)**

Distinguishing Marks:

Employer: **NONE** Place of Birth: **JACKSONVILLE DUVAL FLORIDA UNITED STATES** Country of Citizenship: **UNITED STATES**

School Last Attended: **Jackson High School**

US Citizen: **YES**

Domestic Violence Involved: **YES** Children under 18 Present: **NO** If No is it Domestic Related:

Day/Date/Time of Incident-From: **Friday 10/5/2018 23:30**

Day/Date/Time of Incident-To: **Saturday 10/6/2018 00:33**

Incident Address: **1441 MANOTAK AVE Apt./Lot #:**

Sub-Sector: **K1**

City: **JACKSONVILLE State: FLORIDA Zip: 32210**

Taz: **438** Crossstreet:

Offense Location Type: **Apartment / Condo** Interviewed by: **E.E.GILLQUIST** Interviewer ID: **74008**

Where Arrested: **36409 STATE 52 RD Apt./Lot #:**

Sub-Sector: **OJ**

City: **DADE CITY State: FLORIDA Zip: 33525**

Taz: Crossstreet:

Involved in Traffic Accident: **NO**

Injuries from Accident:

Is Incident Gang Related: **NO**

Is Arrestee a Gang member? **NO**

Statute or Ordinance Number(s): #1

Statute No: **782.04** Degree: **CF** UCR Code: **090A** Attempt Code: **Commit**

10/9/2018-12:38

MURDER

Citation # SA# **18AH057341**

Warrant Type: **Local Arrest Warrant**

Jso Control # **1557178**

Warrant/Case # **16-2018-AF-084405-FXXX-MA**

No. of Counts:

Jurisdiction: **Jacksonville Sheriff's Office**

CT. Location/Div.: **C**

Purge/Bond Type: **Bond**

Bond Amount: **\$1,000,003**

Date of Issue: **10/6/2018**

Date of Return: **10/9/2018**

Judge: **MARIANNE AHO**

Disposition:

Blanket Bond:

VOP/FTA ONLY

Original Statute No:	Degree:	UCR Code:	Attempt Code:	Commit
Description:				

ADDITIONAL INFORMATION 1 Warrant Served.

Reporting Officer: **E.E.GILLQUIST 74008**

Transported By: **D.FOWLER #65289**
Arresting Officer(s) #1: **E.E.GILLQUIST #74008**
Div/Zone or Unit: **DETECTIVE ZONE 2**

Approving Supervisor: **J.L.TAYLOR-JR #5933**
#2: **#0**
of Cases Cleared:

State of Florida, County of Duval

Arresting / Transporting Officer's Signature: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Personally Known _____ or Produced Identification _____ Type of Identification produced: _____

Print, Type, or Stamp, Commissioned name of Notary Public

Signature of Notary - State of Florida Certified Law Enforcement Officer or Corrections Officer:

Investigative Time:

#1 Hours: 1 Minutes: 0 Cost Amount: \$48.24

Drug Activity: **NOT APPLICABLE**
Alcohol Related: **UNKNOWN (OR N/A)**

Drug Type: **NOT APPLICABLE**
Drug Related: **UNKNOWN (OR N/A)**

VICTIM: #1 Relationship to Suspect: **SPOUSE**
Race: **BLACK** Ethnicity: **NOT OF HISPANIC ORIGIN**
Sex: **Female**
DOB: **5/23/1984** Age: **34**
Name: **STEPHENS ASHLEY NICOLE**
Address: **1441 MANOTAK AVE** Apt./Lot #:
City: **JACKSONVILLE** State: **FLORIDA** Zip: **32210**
Taz: **438** Crossstreet: Home Phone # **(904)-290-9888** Bus. Phone # Phone Ext.
Cell Phone # **(904)-654-1585** Cell Phone Provider **SPRINT** E-mail
Is Vagrant? **NO**

Sub-Sector: **K1**

Victim Notification #1

Contact Person is: **Next of Kin to Victim**
Contact Name: **WALKER JULIETTE**
Address: **6166 PETTIFORD DR W** Apt./Lot #:
City: **JACKSONVILLE** State: **FLORIDA** Zip: **32209**
Taz: **221** Crossstreet:
Home Phone # **(904)-365-1300** Bus. Phone # Ext.
Cell Phone # Cell Phone Provider E-mail
Is Vagrant?
Victim wants to be Notified: **Yes**
Vine Brochure Given? **NA**
Understands 24 Hour Rule? **NA**

Sub-Sector: **N2**

Jail Information (Back Door)

Jail # **2018027095**

Date and Time Admitted: **10/9/2018 14:12**

Juvenile/Court Clerk #

Triage Questions:

Involved in Traffic Accident: **NO** Injuries from Accident:

OC deployed prior to/during Arrest: **NO** Was a hobble restraint used on the arrestee? **NO**

Does the arrestee exhibit any signs of suicidal behavior or attempts? **YES** Does the arrested have any observable medical/mental health problems? **NO**

Has the arrestee shown any escape potential or violence propensity behaviors? **NO**

Is there any other information about the arrestee that jail personnel need to know? **NO**

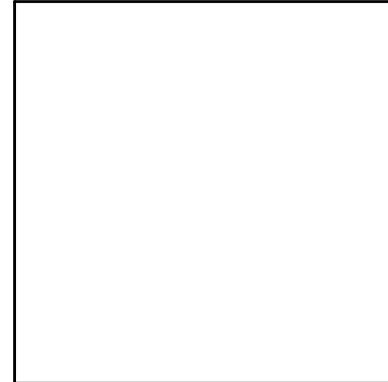
If yes, what?

Part II of Arrest And Booking Report:

Arrestee Personal Information: How Long in Jax?

Chemical Test Data				
Specimen:				
Blood	Breath	Urine	Unable	None
Analysis Results:			Refused:	
1st	g/210L	TIME:	Blood:	
2nd	g/210L	TIME:	Urine:	
3rd	g/210L	TIME:	Breath:	
Breath Test Instrument:				
Type:	Machine #			
Operator Name and I.D.#		Date:		

Verification By: _____



Right Thumb Print