

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



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

**JUVENILE**

Yr: <b>2018</b> Inc # <b>548934</b>	Amend #
Prev Juv Jail #	
Juv # <b>2018021561</b>	8/13/2018 21:15 File Direct: <b>YES</b>
JSO ID # <b>779010</b>	Court: <b>Juvenile</b>
SSN	OBTS # <b>1622000793</b>

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

Route To:  
**Homicide**

Day/Date/Time Arrested: **Monday 8/13/2018 17:35**

Detention Hearing: <b>Date:</b> ____/____/20____ <b>Parents Notified:</b> <b>Yes</b> ____ <b>No</b> ____
<b>Child Placed:</b> ____ <b>Secure Detention</b> ____ <b>Home Detention</b>
<b>Officer's Recommendation:</b> <b>PROSECUTION</b>

Name: **PHOENIX, TREVONTE MONTIE**

Aliases:

Nickname(s):

Arrestee's Home Address: **5710 LENOX AVE** Apt./Lot #: **1006**

City: **JACKSONVILLE** State: **FLORIDA** Zip: **32205**

Taz: **436** Crossstreet:

DOB: **12/2/2000** Age: **17**

Height: **5' 7"** Weight (lbs): **155**

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

Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **MEDIUM** Build: **Thin**

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

Disability or Special Consideration:

Accommodations Requested:

Driver's License # **P520813004420** State: **FLORIDA** Subject's Resident Type: **CITY**

Hm Phone # Bus. Phone # Phone Ext.

Cell Phone # Cell Phone Provider E-mail

Is Vagrant? **NO**

Subject's Residence Status: **RESIDENT** Armed With:

Distinguishing Marks: **Tattoo "ABK" on neck**

Employer: **NA** Place of Birth: **JACKSONVILLE DUVAL FLORIDA UNITED STATES** Country of Citizenship: **UNITED STATES**

School Last Attended: **Lee High School**

US Citizen: **YES**

Domestic Violence Involved: <b>NO</b>	Children under 18 Present:	If No is it Domestic Related: <b>NO</b>
---------------------------------------	----------------------------	---

Day/Date/Time of Incident-From: **Saturday 8/11/2018 17:50**

Day/Date/Time of Incident-To: **Saturday 8/11/2018 18:00**

Incident Address: **7900 103RD ST** Apt./Lot #:

Sub-Sector: **K3**

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

Taz: **465** Crossstreet:

Offense Location Type: **Parking Lot (Not specified)** Interviewed by: **B.F.BOWERS** Interviewer ID: **5519**

Where Arrested: **501 BAY ST E** Apt./Lot #:

Sub-Sector: **A3**

City: **JACKSONVILLE** State: **FLORIDA** Zip: **32202**

Taz: **97** Crossstreet:

Involved in Traffic Accident: **NO**

Injuries from Accident:

Is Incident Gang Related: **NO**

Is Arrestee a Gang member? **YES**

Statute or Ordinance Number(s): #1

Statute No: 790.23(1)(B) Degree: F2 UCR Code: 5200 Attempt Code: Commit

8/13/2018 - 20:27

POSSESSION OF WEAPON OR AMMUNITION BY FLORIDA DELINQUENT ADULT FELONY

Citation #	SA#	Warrant Type: Local Arrest Warrant
Iso Control # 1552993	Warrant/Case # 16-2018-AF-083147-FXXX-MA	No. of Counts: 1

Jurisdiction: Jacksonville Sheriff's Office

CT. Location/Div.:

Purge/Bond Type: No Bond Bond Amount:

Date of Issue: 8/12/2018 Date of Return: 8/13/2018 Judge: AHO

Disposition:

Disposition Date:

Blanket Bond:

VOP/FTA ONLY

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

ADDITIONAL INFORMATION 1  
Arrest warrant served.

Reporting Officer: S.D.DISHMAN 73748

Transported By: S.D.DISHMAN #73748  
Arresting Officer(s) #1: S.D.DISHMAN #73748  
Div/Zone or Unit: DETECTIVE ZONE 2

Approving Supervisor: J.L.TAYLOR-JR #5933  
#2: B.F. BOWERS #5519  
# 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: 20 Minutes: 0 Cost Amount: \$964.80

Drug Activity: UNKNOWN  
Alcohol Related: UNKNOWN (OR N/A)

Drug Type: UNKNOWN  
Drug Related: UNKNOWN (OR N/A)

Juvenile Information:

Lives With: Mother

Name: MCGHEE, RHONDA  
Home Address: 5710 LENOX AVE Apt./Lot #: 1006  
City: JACKSONVILLE State: FLORIDA Zip: 32205  
Taz: 436 Crossstreet: Home Phone # (904)-000-0000 Bus. Phone # (904)-000-0000 Phone Ext.  
Cell Phone # (904)-999-7347 Cell Phone Provider E-mail

Sub-Sector: J2

Is Vagrant? NO

Officer's Immediate Disposition: Secure Detention (DJJ)

Officer's Recommendation: PROSECUTION

Parents Notified: Yes Date/Time Notified: 8/13/2018 17:45 Method: Phone

Is Juvenile SHO?	SHO Verified?	Verified By:
------------------	---------------	--------------

Drug Violation? No Crime Against Property? No Crime Against Person? No

Weapon Type:

How Victim was Assaulted:

Jail Information (Back Door)

Date and Time Admitted: 8/13/2018 21:15

Jail # Juvenile/Court Clerk # 2018021561

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? NO 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

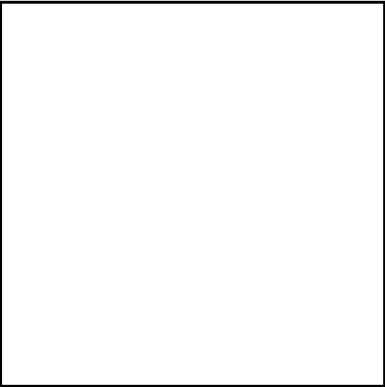
If yes, what?

		<b>Part II of Arrest And Booking Report:</b>		
--	--	--	--	--

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