

☐ ARREST ☒ SWORN COMPLAINT ☐ HOLD

☐ JUVENILE ☐ NOTICE TO APPEAR

OBTAIN NUMBER:		EIGHTH JUDICIAL CIRCUIT		AGENCY CASE REPORT NUMBER:	
NAME OF SUBJECT (LAST, FIRST, MI):		ALIAS / MAIDEN:		02-16-021147	
WADFORD, RONALD MORRIS					
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.):		CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
HOMELESS		GAINESVILLE	FL	32601	(305) 619-3760
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		TELEPHONE NUMBER:			
MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):		SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):			
RACE:		SEX:	DATE OF BIRTH:	HEIGHT:	WEIGHT:
<input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN		M	08/07/1943	5'08	180
<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL					
HAIR COLOR:		EYE COLOR:	COMPLEXION:	BUILD:	
BLONDE /		BROWN	LIGHT		
DRIVERS LICENSE / STATE ID NUMBER:		STATE OF DL / ID:	SOCIAL SECURITY NUMBER:	PHOTO NUMBER:	PLACE OF BIRTH:
W316733432870		FL			
SUBJECT'S OCCUPATION:		SPN NUMBER:	AGENCY ORI NUMBER:	SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:
			0010100		
LOCATION OF ARREST:		DATE OF ARREST:	TIME OF ARREST (MILITARY):	DATE OF BOOKING:	TIME OF BOOKING (MILITARY):
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):		SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):			
NICOLOFF, VISVAMBHARA		DAVID			
#1 (NAME):		DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:
#2 (NAME):		DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:
JUVENILE DISPOSITION:		NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):			WORK TELEPHONE NUMBER:
<input type="checkbox"/> RELEASED TO JAC					
<input type="checkbox"/> ISSUED NTA AND RELEASED					
PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):		CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:
#1 (NAME):		ADDRESS:			TELEPHONE NUMBER:
#2 (NAME):		ADDRESS:			TELEPHONE NUMBER:
OFFENSE DESCRIPTION:		<input checked="" type="checkbox"/> FELONY	COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION:
STALKING (AGGRAVATED)		<input type="checkbox"/> MISDEMEANOR	784-048/3		ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:
NUMBER: 2016-CP-4413-A		11/09/2016	10:08		(352) 870-7013
VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
1 FOXX, EVELYN TYSON		959 SE 8TH ST		GAINESVILLE	FL 32601
OFFENSE DESCRIPTION:		<input checked="" type="checkbox"/> FELONY	COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION:
STALKING (AGGRAVATED)		<input type="checkbox"/> MISDEMEANOR	784-048/3		ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:
NUMBER: 11/09/2016		05:12			(352) 372-6576
VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
2 CHRISTY, ROSEMARY WALKER		2119 NW 30TH PL		GAINESVILLE	FL 32605
THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):		CITY OF:	COUNTY OF:	STATE OF:	
959 SE 8TH ST		GAINESVILLE	ALACHUA	FLORIDA	
The DEF intentionally called VIC1, who is a 65 year old African American female, on the following dates and times from a "blocked" number:					
1. 11/9/16 at 1008hrs					
2. 11/9/16 at 1008hrs					
3. 11/9/16 at 1011hrs					
4. 11/9/16 at 1103hrs					
5. 11/11/16 at 0212hrs					
MANDATORY APPEARANCE IN COURT AT:		DATE OF APPEARANCE:		TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> PM	
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.		DEFENDANT (SIGNATURE):		DATE:	
SWORN TO AND SUBSCRIBED 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.			
29 DAY OF DECEMBER 2016		NAME (PRINT): NICOLOFF, VISVAMBHARA			
SIGNATURE: [Signature]		SIGNATURE: [Signature]			
TITLE: LEO		AGENCY: GAINESVILLE POLICE DEPARTMENT LEO ID NUMBER: 0785			

Form Date (Revised 1/00)

COURT

STATE ATTORNEY

AGENCY

DEFENDANT

PAGE 1 OF 3

Case: 2016 CF 004413 A



80037965987
KX: KPA:Y

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SUPPLEMENT EIGHTH JUDICIAL CIRCUIT	
OBTs NUMBER: _____	
AGENCY ORI NUMBER: 0010100	
SPN NUMBER: _____	
AGENCY CASE REPORT NUMBER: 02-16-021147	
NAME OF SUBJECT (LAST, FIRST, MI): WADFORD, RONALD MORRIS	
ALIAS / MAIDEN: _____	
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	
SEX: M DATE OF BIRTH: 08/07/1943 HEIGHT: 5'08 WEIGHT: 180 JAIL NUMBER: _____	
SO ID / AGENCY ID / NUMBER: _____	
#3 (NAME): _____ ADDRESS: _____ TELEPHONE NUMBER: _____	
#4 (NAME): _____ ADDRESS: _____ TELEPHONE NUMBER: _____	
OFFENSE DESCRIPTION: _____	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER: _____	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE: _____ TIME OF OFFENSE: _____ BAIL AMOUNT: _____	
VICTIM'S TELEPHONE NUMBER: _____	
VICTIM (NAME): _____ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): _____ CITY: _____ STATE: _____ ZIP CODE: _____	
OFFENSE DESCRIPTION: _____	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER: _____	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE: _____ TIME OF OFFENSE: _____ BAIL AMOUNT: _____	
VICTIM'S TELEPHONE NUMBER: _____	
VICTIM (NAME): _____ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): _____ CITY: _____ STATE: _____ ZIP CODE: _____	
OFFENSE DESCRIPTION: _____	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER: _____	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE: _____ TIME OF OFFENSE: _____ BAIL AMOUNT: _____	
VICTIM'S TELEPHONE NUMBER: _____	
VICTIM (NAME): _____ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): _____ CITY: _____ STATE: _____ ZIP CODE: _____	
OFFENSE DESCRIPTION: _____	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER: _____	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE: _____ TIME OF OFFENSE: _____ BAIL AMOUNT: _____	
VICTIM'S TELEPHONE NUMBER: _____	
VICTIM (NAME): _____ ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): _____ CITY: _____ STATE: _____ ZIP CODE: _____	
6. 11/21/16 at 0611hrs	
During these calls the DEF yelled and cursed at VIC1 identifying himself as being affiliated with the "KKK" and threatening, "I'm going to hang your nigger ass." VIC1 was put in great fear for her physical safety and for the safety of her family. Based on the DEF's repeated threats and phone calls VIC1 left town and went out of state to live with her family for a few weeks and since her return to Gainesville, she has been staying with friends out of the County because she is afraid to stay at home. The DEF's actions have caused VIC1 great emotional distress and fear and has altered the way she lives her life.	
The DEF also called VIC2, who is a 67 year old African American female, on the following dates and times from a blocked number, threatening her life, cursing at her and using racial slurs:	
1. 11/9/16 at 0512hrs	
2. 11/9/16 at 0615hrs	
3. 11/10/16 at 2055hrs	
4. 11/21/16 at 0107hrs	
5. 11/21/16 at 0108hrs	
VIC2 was also placed into great fear for her safety and believed that the DEF truly meant to harm her.	

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ORTS NUMBER:	
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SPN NUMBER:	
AGENCY CASE REPORT NUMBER: 02-16-021147	
NAME OF SUBJECT (LAST, FIRST, MI): WADFORD, RONALD MORRIS	
ALIAS / MAIDEN:	
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	
SEX: M	
DATE OF BIRTH: 08/07/1943	
HEIGHT: 5'08	
WEIGHT: 180	
JAIL NUMBER:	
SO ID / AGENCY ID / NUMBER:	
#3 (NAME):	
ADDRESS:	
TELEPHONE NUMBER:	
#4 (NAME):	
ADDRESS:	
TELEPHONE NUMBER:	
OFFENSE DESCRIPTION:	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER:	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE:	
TIME OF OFFENSE:	
BAIL AMOUNT:	
VICTIM'S TELEPHONE NUMBER:	
VICTIM (NAME):	
ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	
CITY:	
STATE:	
ZIP CODE:	
OFFENSE DESCRIPTION:	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER:	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE:	
TIME OF OFFENSE:	
BAIL AMOUNT:	
VICTIM'S TELEPHONE NUMBER:	
VICTIM (NAME):	
ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	
CITY:	
STATE:	
ZIP CODE:	
OFFENSE DESCRIPTION:	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER:	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE:	
TIME OF OFFENSE:	
BAIL AMOUNT:	
VICTIM'S TELEPHONE NUMBER:	
VICTIM (NAME):	
ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	
CITY:	
STATE:	
ZIP CODE:	
OFFENSE DESCRIPTION:	
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
COMPLETE STATUTE / ORDINANCE NUMBER:	
VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION	
DATE OF OFFENSE:	
TIME OF OFFENSE:	
BAIL AMOUNT:	
VICTIM'S TELEPHONE NUMBER:	
VICTIM (NAME):	
ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	
CITY:	
STATE:	
ZIP CODE:	
UPON retrieving VIC1's phone records the DEF's phone number was identified as '305-619-3760'. Upon looking into the phone records of that number I confirmed that it called VIC1 and VIC2 using the prefix '*67', to block his identity.	
AFTER further research into the DEF's number the WIT was identified because he was called 30 times by the DEF, with his number unblocked. I made contact with the WIT, who has known the DEF for over 3 years and has spent a significant amount of time with him. The WIT identified the number as belonging to the DEF and identified his voice when I played an audio recording of a voicemail that the DEF had left on VIC2's phone. The WIT positively identified the DEF via a single photograph. The WIT advised me that the DEF is very 'racist' and has a lot of 'hate and violence in his heart'. He advise me that the DEF collects knives and machetes and has spoken of 'going out in a blaze of glory'.	
The DEF has an extensive criminal history spanning over Florida, Georgia, Virginia, South Carolina and North Carolina. His charges includes numerous counts of cocaine/narcotic possession and sale, weapons possession, 'felony maiming' and many more.	

DEFENDANT INFORMATION

Date: 12/30/2016

RONALD MORRIS WADFORD	W	M	73	08/07/1943					
Name	Race	Sex	Age	D.O.B	Hgt	Wgt	Hair	Eyes	Complex
Phys. Descript.: Marks – Scars – Defects – Hair Length – Mustache								Mode of Dress	
Vehicle Type - Description - Tag		HOMELESS, , FL					Home Phone No.		
FL W316-733-43-287-0		[REDACTED]		Aliases / Maiden Name			Occupation		
D.L. State & Number		Social Security No.		Aliases / Maiden Name			Occupation		
Place of Birth		Place of Employment: Name & Address					Business Phone		
Parents Name & Address					Other Identification if Known				

COMPLAINANT INFORMATION

ROSEMARY CHRISTY	2119 NW 30TH PLACE 959 SE 8TH STREET, GAINESVILLE GAINESVILLE, FL FL, 32601 32601		
Name	If not Business – Resident Address		
(352) 372-6576			
Home Phone No.	Name of Business / Bank	Business / Bank Address	Business / Bank Phone
Amount of Check	Bank Reason for Returning Check		Remarks

EXTRADITION AUTHORIZED? YES
FOR USE BY JUDGE:

Investigative Remarks:

Charges

- 1 STALKING - HATE CRIME
- 2 STALKING - HATE CRIME

DK:

Court No.:

Date of Warrant:

Agency: GAINESVILLE POLICE DEPARTMENT
 Date of Offense: 11/09/2016
 Agency Report #: GPD16-21147
 Affiant Officer: VISVAMBHARA NICOLOFF

State Attorney

Bond

Recommendation

\$100,000

\$100,000

Bond

Ordered

By Court

\$250,000

\$250,000

'00 ALA Crim mis

'01 ALA Trespass on open land

'01 ALA Poss of cannabis

'01 ALA municipal ordinance

'01 ALA open container

'08 ALA Poss of cocaine

'09 ALA Purchase of cocaine

'13 ALA Crim mis x 11

Per DOC, D is in absconder
 status from probation in Key West
 D is a violent felony offender
 of special concern