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STATE COURT OF COBB COUNTY

Case Number 03MS415
03-W-9203

STATE OF GEORGIA

VS.

BRUCE DAVID AILION

16-7-21(b)(1) CRIMINAL TRESPASS

Diana Graham
STATE COURT CLERK

FILED IN OFFICE
03 OCT 15 PM 4: 04

The Defendant hereby waives/demands formal arraignment and waives/demands Jury Trial and pleads _____ this _____ day of _____, 2003.

(Defendant)

(Defendant's Attorney)

(Assistant Solicitor General)

STATE COURT OF COBB COUNTY, GEORGIA
BARRY E. MORGAN, SOLICITOR GENERAL

STATE'S WITNESSES

B A RAINEY, CCPD
BRUCE REICH
BRANDON AILION
MARLA AILION

Georgia Cobb County
I, _____, do hereby certify the within and foregoing
to be a true and correct true complete copy of
the original and that appears of record in
Cobb County, Georgia, 03MS415
In and to wit:

This 17 day of March, 2004

[Signature]
Deputy Clerk State Court
Cobb County, Georgia

2004 Sanders Day Clerk
11/14/04 TERM, 20 07 day of

IN THE STATE COURT OF COBB COUNTY, GEORGIA
STATE OF GEORGIA

vs.
Bruce David Hilions

Citation/Warrant No.: 03W-9803

CRIMINAL ACTION NO. 03-M-5415

OTN 108152612

O 1. Criminal Trespass DISORDERLY CONDUCT
F 2.
F 3.
E 4.
N 5.
S 6.
E 7.
S 7.

Plea	<input checked="" type="checkbox"/> Negotiated	Trial	Verdict	Other Disposition
<input type="checkbox"/> Guilty on Count(s) _____		<input type="checkbox"/> Jury	<input type="checkbox"/> Guilty on Count(s) _____	<input type="checkbox"/> Nolle Prosequi Order on Count(s) _____
<input checked="" type="checkbox"/> Nolo Contendere on Count(s) <u>1</u>		<input type="checkbox"/> Non-Jury	<input type="checkbox"/> Not Guilty on Count(s) _____	<input type="checkbox"/> Merge on Count(s) _____

WHEREAS the above-named defendant has been found guilty of the above-stated offense(s), WHEREUPON, it is ordered and adjudged by the Court that the said defendant is hereby sentenced to confinement for a period of 6 ~~30~~ months/days in the Cobb County Jail, Cobb County Correctional Institute, or such other place as Cobb County may provide for maintenance of county inmates including the Department of Corrections, at the election of the Sheriff (if defendant's age is between 16 and 18 years, then to the Department of Corrections).

IT IS FURTHER ORDERED that the defendant pay a fine in the amount of \$ 0 plus all applicable statutory surcharges and pay restitution of _____

HOWEVER, it is further ordered by the Court:

1) THAT the confinement specified shall be suspended pursuant to 1989 Georgia Laws, P 381, (O.C.G.A. 19-10-1) on the conditions set out in the Order of Suspended Sentence and child support in the amount as determined (and scheduled by the Sentence Enforcement Unit) and set forth in the (separate) Order of Suspended Sentence of this Court to be paid according to said schedule. Further, the court finds that the defendant is the biological parent of _____

2) THAT upon service of 0 months/days of the above sentence, the remainder of 60 ~~6~~ months/days may be served on probation/suspended PROVIDED that the said defendant complies with the following general and other conditions herein imposed by the Court as part of this sentence. _____ months/days of this sentence is high and aggravated misdemeanor jail time.

GENERAL CONDITIONS OF PROBATION SUSPENDED SENTENCE

- 1) Do not violate the criminal laws of any governmental unit.
- 2) Avoid injurious and vicious habits — especially alcoholic intoxication and narcotics and other dangerous drugs unless prescribed lawfully.
- 3) Avoid persons or places of disreputable or harmful character.
- 4) Report to the Probation/Suspension supervisor as directed and permit such Supervisor to visit you at home or elsewhere.
- 5) Work faithfully at suitable employment insofar as may be possible.
- 6) Do not change your present place of abode, move outside the jurisdiction of the Court, or leave the State for any period of time without prior permission of the Probation/Suspension Supervisor.
- 7) Support your legal dependents to the best of your ability.

OTHER CONDITIONS PROBATION SUSPENDED SENTENCE

- 1) ATTEND: Risk Reduction Program Defensive Driving School Theft & Shoplifting Offenders Program. Within _____ days.
- 2) Evaluate and treat as needed for (violence) (alcohol/drug dependency) (deviant behavior) see Addendum A. Evaluate within _____ days.
- 3) Pay fine (restitution) (surcharge) by _____; in Equal Monthly Installments over first _____ months. Restitution/fines to be paid first.
- 4) Provide 20 (hours/days community service) (weekends CSAI). after 30 days within 3 weeks
- 5) Pay probation supervisory/suspension fee of \$ 42 per month UNLUE Hardship found.
- 6) Avoid any (violence) (contact) (entry) with (into) 4488 Doral Circle w/o legal authorization
- 7) Probation/suspended sentence may/shall terminate upon complete payment and completion of any special conditions (after _____ months).
- 8) Do not drink any alcohol or take any drugs without a prescription. 9) Submit to random alcohol & drug testing at defendant's expense.

It is the further order of the Court, and the defendant is hereby advised that the Court may, at any time, revoke any conditions of this Probation/Suspended Sentence and/or discharge the defendant from Probation/Suspended Sentence. The defendant shall be subject to arrest for violation of any condition of Probation/Suspended Sentence herein granted. If such Probation/Suspended Sentence is revoked, the Court may order the execution of the sentence which was originally imposed or any portion thereof in the manner provided by law after deducting therefrom the amount of time the defendant has served on Probation/Suspended Sentence.

The defendant was represented by the Honorable DAVID STAHL Attorney at Law (Retained) (Appointed)

SO ORDERED this 5 day of MAY, 20 04

Copy received and conditions acknowledged: _____
Defendant: _____
JUDGE, State Court of Cobb County: _____

Defendant's Attorney

Solicitor General (Assistant)

Reported by M. Odianose

Filed in Open Court, This



Cobb County Police Department Incident Report - Page 2 of 4

Level Three

GA0330200

Incident Number
203-07386

Report Date
05 12 2006

Victim Name BRUCE REICH, MARLA ALLION

Suspect Name (Last, First, Middle) ALLION, BRUCE **Nickname/AKA** _____ **Race** W **Sex** M **DOB** 1 / 1 /

Address 3301 RIVER HEIGHTS CRSG. **City** MARIETTA **State** GA **Zip Code** 30067

Height 510 **Weight** 200 **Hair** BLK **Eyes** GRN **Build** MED **Home Phone** _____ **Place of Employment** _____ **SSN** _____

Suspect Name (Last, First, Middle) _____ **Nickname/AKA** _____ **Race** _____ **Sex** _____ **DOB** _____ **App. Age or Range if DOB Unk.** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Height _____ **Weight** _____ **Hair** _____ **Eyes** _____ **Build** _____ **Home Phone** _____ **Place of Employment** _____ **SSN** _____

Missing Runaway **Date Last Seen** _____ **Last Seen With** _____ **Violence Evident?** Yes No **Picture Attached?** Yes No **Entered on NCIC?** Yes No **Gang Name** _____

Foul Play Suspected? Yes No **Cloning Description** _____

Hair Length		Hair Style		Facial Hair		Complexion		Gen. Appearance		Demeanor		Speech		Weapon	
1	Unknown	1	Unknown	1	Unknown	1	Unknown	1	Unknown	1	Unknown	1	Unknown	1	Unknown
2	Bald	2	Braided	2	Clean Shave	2	Acne	2	Conservative	2	Angry	2	Accent	2	Handgun
3	Collar	3	Alto/Ret.	3	Full Beard	3	Dark	3	Duty	3	Apologetic	3	Leaps	3	Shotgun
4	Long	4	Bushy	4	Fu Manchu	4	Freckled	4	Disguise	4	Calm	4	Mumbles	4	Rifle
5	Short	5	Greasy	5	Goatee	5	Light	5	Flashy	5	Disorganized	5	Offensive	5	Toy Gun
6	Shoulder	6	Military	6	Lower Lip	6	Medium	6	Good Looking	6	Irrational	6	Quiet	6	Knife
7		7	Ponytail	7	Mustache	7	Pale	7	Military	7	Nervous	7	Blat	7	Off Out Inst
8		8	Processed	8	None/Fuzz	8	Pocked	8	Unkempt	8	Polite	8	Slow	8	Hand/Fist
9		9	Straight	9	Sideburns	9	Ruddy	9	Unusual Odor	9	Professional	9	Stutter	9	Blunt Inst
10		10	Wavy/Curly	10	Unshaven	10	Tanned	10	Well Groomed	10	Stupid	10	Stares	10	Auto
11		11	Wig	11	Van Dyke	11	Albino	11	Casual	11	Violent	11	Non-English	11	Explosives
12		12	See Narr.	12	See Narr.	12	See Narr.	12	See Narr.	12	See Narr.	12	See Narr.	12	See Narr.

Hospital/Physician _____ **ME Notified** _____ **ME Arrived** _____ **ME Name** _____

Time Pronounced _____ **Funeral Home** _____ **hrs.** _____ **hrs.** _____

Point of Entry
 Door
 Window
 Garage Door
 Adjacent Premises
 Basement
 Ventilator
 Fence
 No Entry
 Glass Door
 Thru Wall/Roof
 Unknown/Other

Point of Entry Visible From:
 Not Visible
 Adjacent Structure
 Street
 Alley

Suspect Action Code
 (1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____

Investigative Activities
 Not Applicable to Case
 Dusted for Latent Prints
 Tool Marks Photographed
 Vehicle/Shoe Tracks Photographed
 Scene Photographed
 Victim Photographed
 Scene Diagramed
 Neighbors Checked

Evidence Obtained
 None
 Evidence Sheet Attached
 Statements
 Photos
 Fingerprint
 Other Prints
 Vehicle Impounded
 Weapons

Detective Notified
 CIU Persons Children

Photographer Name and Agency _____

Evidence Technician Name and Agency _____

Arrestee Name (Last, First, Middle) _____ **Address** _____ **Alias Name/AKA** _____

Occupation _____ **Apr/Suite Number** _____ **City** _____ **State** _____ **Zip Code** _____

Drivers License Number _____ **Race** _____ **Sex** _____ **DOB** _____ **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____ **SSN** _____

Work Address _____ **Home Phone** _____ **Employer** _____ **Suite Number** _____ **City** _____ **State** _____ **Work Phone** _____

Arrested on Scene Yes No **Arrest Date** _____ **Arrest Time** _____ **Warrant Number** _____ **Agency Issuing Warrant** _____

Arrest Location _____ **City** _____ **State** _____ **Zip Code** _____

Statute	Charge Description	City	State	Zip Code

Offense Location
 In City In State Unknown
 In County Out of State

Arrest Location
 In City In State Unknown
 In County Out of State

Arrestee Drug Use
 Amphetamine Heroin Cocaine
 Hallucinogen Marijuana
 Methamphetamine Opium Synthetic Narcotic Unknown

Test Given
 Breath Blood Urine Other **Date** _____ **Time** _____ **Results** _____ **Administered by** _____

Reporting Officer L. MASON **Badge Number** 1177 **Transporting Officer** _____

Suspect Missing Runaway

Investigation

Arrest Information

dm

