



Gulfport Police Department News Release



Subject: Professional Wrestler Arrested on Domestic Violence Charges

Date: 8/31/15

Narrative

Gulfport, FL—On 8/30 at approximately 6:00 AM, officers responded to a call about a disturbance in an apartment at 3205 58th Street South. There they encountered Thomas R. Latimer and a woman who identified herself as his girlfriend. The officers observed evidence indicative of a physical altercation, and their investigation revealed that, after the couple had been arguing, the woman felt threatened and sought refuge in her bedroom. Latimer followed her into the bedroom, closed the door, and refused to allow her to leave. He then pushed the woman onto the bed and was holding her down by her neck.

Latimer, who is a wrestler with TNA Impact Wrestling, was charged with domestic battery by strangulation and false imprisonment. Both are felony charges, and he is currently being held in the Pinellas County Jail.

Charging documents are attached.

Sergeant Thomas Woodman, Public Information Officer
727-893-1051 (office)
727-582-6177 (communications center)
twoodman@mygulfport.us

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # GP15-19866	DOCKET # 1649677
Person ID 3247606	SSN# [REDACTED]	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #
Charge DOMESTIC BATTERY BY STRANGULATION		15-09679-CF-1
Defendant's Name (Last, First, Middle) LATIMER, THOMAS R	DOB 08/06/1986	Sex M Race W Ht 602 Wt 225 Hair BRO Eyes GRN Skin
Alias	DL # L356836862860	State FL Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 3205 58TH ST S #105 GULFPORT FL 33707	Telephone 8135120739	Place of Birth ENGLAND Citizenship ENGLISH
Permanent Address (Street, City, State, Zip Code) 3205 58TH ST S #105 GULFPORT FL 33707	Telephone 8135120739	Employed by / School
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Co-Defendant's Name (Last, First, Middle)	DOB Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB Sex Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of AUGUST, 2015, at approximately 6:01 AM, at 3205 58TH ST S #105, in Pinellas County did:

The defendant did knowingly and intentionally, against the will of another, impede the normal breathing or circulation of the blood of a family or household member, so as to create a risk of or cause great bodily harm by applying pressure on the throat or neck of another person. to wit:

The Defendant has been with the victim since April and they have been living together as a family. The Defendant and the Victim got into a physical and verbal altercation and the Defendant pushed the Victim onto the bed and held her down by her neck. The Defendant admitted to doing this.

Contrary to Florida Statute/Ordinance 784.041

ARREST DATE: 8/30/2015 Time 6:53 AM . Aggravating/Mitgating Factors _____

Booking Officer: CARLSON, D 57027 Amount of Bond NONE Bond Out Date _____ Time _____ a.m. p.m.

Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____

The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances Received by Booking: 8/30/2015 9:01:20 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

S. Crane

GULFPORT POLICE DEPT.

Declarant Signature

Agency

OFFICER SAMANTHA CRANE 9238

03260515

Printed Name

Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
08/30/2015	CRANE	2 28.51		\$57.02

OTHER -- Describe _____

Continuation sheet Yes No

TOTAL \$ 57.02

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # GP15-19866	DOCKET # 1649677
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Person ID 3247606	SSN# [REDACTED]
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Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #
Charge FALSE IMPRISONMENT		15-09679-CF-2

Defendant's Name (Last, First, Middle) LATIMER, THOMAS R	DOB 08/06/1986	Sex M	Race W	Ht 602	Wt 225	Hair BRO	Eyes GRN	Skn
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Alias	DL # L356836862860	State FL	Scars/Marks/Tattoos/Physical Features
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Local Address (Street, City, State, Zip Code) 3205 58TH ST S #105 GULFPORT FL 33707	Telephone 8135120739	Place of Birth ENGLAND	Citizenship ENGLISH
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Permanent Address (Street, City, State, Zip Code) 3205 58TH ST S #105 GULFPORT FL 33707	Telephone 8135120739	Employed by / School
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Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 30 day of AUGUST, 2015,

at approximately 6:01 AM, at 3205 58TH ST S #105, in Pinellas County did:

Without lawful authority forcibly, by threat or secretly confine, abduct, imprison or detain another person, to-wit: Ashley Allen against her will with the intent to (SPECIFY INTENT other than is specifically provided for in FSS 787.01 (Kidnapping)).

The Defendant and the Victim are in a relationship and live together as a family. The Victim ran into the bedroom during an argument and the Defendant came in behind her, shut the door and refused to let her out even after she told him she wanted to leave. The Defendant admitted that she told him she wanted to leave and he refused to let her.

Contrary to Florida Statute/Ordinance 787.02.2

ARREST DATE: 8/30/2015 Time 6:53 AM . Aggravating/Mitigating Factors _____

Booking Officer: CARLSON, DARLENE 57027 Amount of Bond NONE Bond Out Date _____ Time _____ a.m. p.m.

Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____

The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances Received by Booking: 8/30/2015 9:01:39 AM

Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.

S. Crane
GULFPORT POLICE DEPT.
Declarant Signature Agency

OFFICER SAMANTHA CRANE 9238 03260515
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
08/30/2015	CRANE	2 28.51		
OTHER -- Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL \$ <u>\$0.00</u>