

ORIGINAL

ARREST AFFIDAVIT/FIRST APPEARANCE FORM OCALA POLICE DEPARTMENT

OBTS # 4203208206 Agency ORI # FL 042 0100

Court Case Number: <u>22-CF-4076 W</u>	Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic <input type="checkbox"/> Juvenile <input type="checkbox"/> Warrant <input type="checkbox"/> CAPIAS <input type="checkbox"/>	County or Municipal Ordinance <input type="checkbox"/>	Agency Case Number: 202200123579
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Defendant's Name: Last RASMUSSEN First KYLE Middle ALLEN	DOB 02/18/87	SEX M	RACE W	HGT 602	WGT	HAIR	EYES
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Mailing Address: St./P.O. Box 6143 SW 52ND TER	Scars-Marks- Tattoos-Amputations (describe each)	SEX OFFENDER REQUIREMENTS
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St. Add. (if different): Street LAKE BUTLER, FL 32054	Phone: Res. (352) 260-2764	Place of Birth FLORIDA	Altns
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Place of Employment:	Phone: Bus ()	Occupation MEDICAL TRANSPORT	Social Security Number: [REDACTED]
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Diver Lic. No.: R252501870580	Vehicle Towed By:	Hold on Vehicle: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Arrest-Suffix
State: FL	Agency:		

Arrest Date: <u>10/14/2022</u> Mo Day Year	Arrest Time: <u>1300</u>	Arrest Location: <u>902 S Pine Ave</u>	Juvenile Diversion Non-Utilization Tracking: (Select one)
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U.S. Citizen Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>	Residence Type: 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/>	3. Florida <input type="checkbox"/> 4. Out-of-Florida <input type="checkbox"/>
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Activity: F. Forgery O. Counterfeit A. Fraud	X. Stolen Property T. Traffic P. Possess S. Sell	B. Buy R. Smuggle D. Deliver U. Use	M. Manufacture/ Produce/ Cultivate Z. Other	K. Dispense/ Distribute N. N/A	Type: A. Amphetamine B. Barbiturate C. Cocaine	P. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv	S. Synthetic U. Unknown P. Paraphernalia/ Equipment	U 2. Other N. N/A
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E G A R C	Description	Counts	Activity	Type	NCIC	CIS	Statute	Bond Amount	In Accordance to Bond Schedule
		SEXUAL MISCONDUCT WITH A MENTAL HEALTH PATIENT	1	N	N	-	-	394.4593	\$5000.00
									Y <input type="checkbox"/> N <input type="checkbox"/>
									Y <input type="checkbox"/> N <input type="checkbox"/>
									Y <input type="checkbox"/> N <input type="checkbox"/>

Indication of: Alcohol Influence Drug Influence	Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	Weapon Seized/Type Y <input type="checkbox"/> N <input type="checkbox"/>	Juvenile Disposition 1. Handled/Processed Within Dept. and Released <input type="checkbox"/> 2. Turned Over to HRS/CYF <input type="checkbox"/> 3. Incarcerated (County Jail) <input type="checkbox"/>
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JAIL LOG: (To be completed by booking Officer)

Date Booked <u>10-19-22</u>	Time Booked <u>1426</u> AM PM	Booking Officer <u>5726</u>	Fingerprinted By <u>6599</u>	Photographed By <u>5697</u>	Bin Number
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Advised of Rights By: <u>Advise</u>	Check for Warrant(s) Not <input type="checkbox"/> FCIC <input type="checkbox"/> Local <input checked="" type="checkbox"/>	Holds Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Agency of Hold:
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Attorney (if known)	Religion J <input type="checkbox"/> Pr <input type="checkbox"/> C <input type="checkbox"/> Other <input type="checkbox"/>	Marital Status S <input checked="" type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/>	Telephone call logged Time AM PM ()
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Next of Kin/PARENTS OF JUVENILE (for emergency) <u>Linda Nash</u>	Relation <u>Mom</u>	Address	Phone <u>(386)-365-9516</u>
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Date / /	Returnable Court Date	Returnable Court Time AM PM	Release Date / /	Release Time AM PM	Releasing Officer
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BOND, Charge A	Charge B	Charge C	Charge D	Charge E
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NAME AND ADDRESS OF BOND MAND	Bond Type: ROR <input type="checkbox"/> SURETY <input type="checkbox"/> Cash <input type="checkbox"/>
	Bail Bond <input type="checkbox"/> Cert <input type="checkbox"/> Other <input type="checkbox"/>

Approving Officer Signature

NCCC - CASE INTAKE
OCT 20 '22 AM 8:35

ORIGINAL

Complaint/Arrest	Court Case No.	Agency Case No. 202200123579
Affidavit Continuation		Date of Birth 02/18/87
Defendant Name: Last RASMUSSEN	First KYLE	Middle ALLEN

SEX OFFENDER REQUIREMENTS

PROBABLE CAUSE AFFIDAVIT: (specify probable cause for each charge)

Before Me, the undersigned authority personally appeared Detective D. Collier who being duly sworn, alleges, on the information and belief, that on the 21st day of September 2022, Marion County, Florida, the defendant did:

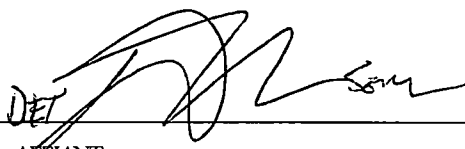
Willfully and unlawfully engage in sexual misconduct with a mental health patient to wit;

On 09/22/2022 Officer A. Reneau responded to The Vines Hospital located at 3130 SW 27th Avenue in reference to a sexual battery investigation. Upon her arrival, Officer Reneau made contact with Victim, [REDACTED] the victim advised that on 09/21/2022 between the hours of 08:45pm-10:00pm, she was sexually battered on two occasions. She explained that she was at HCA North Florida Hospital (Gainesville FL) [REDACTED] The hospital set up transport for her to be brought to The Vines as a voluntary patient. During this transport process the victim advised that the transport driver, later identified as Kyle Rasmussen, sexually battered her at both an unknown gas station and in the area of the Paddock Mall, located at 3100 SW College Road in Ocala, FL. The victim stated that both incidents occurred in the back of a transport van which was owned and operated by Life Care Transport. The victim also stated that on both occasions she told Rasmussen "no" and tried to fight him off but was unsuccessful. The victim advised that Rasmussen penetrated her vagina with his penis and ejaculated inside her on both instances.

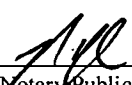
I was assigned this case for follow up. I made contact with Life Care Transport and was provided with the vehicle and company cellphone GPS information. It was also confirmed that Rasmussen did transport the victim and had told the business owner that he did have consensual sex with the victim inside the van. I reviewed the GPS information and was able to confirm that the van did stop for six (6) minutes in the area off the interstate between Williston and Morriston. I later made contact with Rasmussen via phone. Rasmussen confirmed he picked up the victim at North Florida Regional Hospital. Rasmussen allowed the victim to sit in the front seat of the van as there was urine on the back floor from a previous transport. Rasmussen stated he did not recall the victim's name, but knew she was 18 years old and [REDACTED] During the transport he and the victim discussed having sex and he eventually pulled over at a BP gas station. At this location, Rasmussen performed oral sex on the victim and then had intercourse on the stretcher in the back of the van. Once they were done Rasmussen drove the rest of the way to Ocala and when they made it to the area of the Paddock Mall, they had sex for a second time. Rasmussen was adamant that the patient had kissed him both times, had undressed herself, and the sex was purely consensual. Rasmussen stated that he did not use any protection when they had sex.

I have attempted to make contact with the victim and have been met with negative results. A family member advised she had recently been admitted to another mental health facility and is possibly pregnant from this incident. At this time I am unable to determine if the sexual activity was consensual or not. I do believe that Rasmussen did engage in sexual misconduct with a patient who is held for mental health treatment. I determined that Rasmussen was contracted by a receiving facility to provide support to the victim, a mental health patient, via transport. The victim, who was under a mental health hold, was to be securely transported from the custody of a receiving facility to the custody of an accepting mental health treatment center. Rasmussen did violate this statute by his own admission by having sexual intercourse, on two occasions, during the transportation of the victim. Based on the above I believe sufficient probable cause does exist to arrest Rasmussen for the above listed charge. On 10/19/2022 I met with Rasmussen at the Ocala Police Department. Post Miranda, confirmed his statements and he was placed under arrest without incident.

SWORN to and SUBSCRIBED before me
This 19th day of October, 2022


 DET [REDACTED]
 AFFIANT

Ocala Police Department
 ARRESTING AGENCY

 6633
 Notary Public Certified Officer

ORIGINAL

Complaint/Arrest	Court Case No.	Agency Case No. 202200123579
Affidavit Continuation		Date of Birth 02/18/87
Defendant Name: Last RASMUSSEN	First KYLE	Middle ALLEN

SEX OFFENDER REQUIREMENTS

FIRST APPEARANCE FINDINGS & ORDERS

Based upon the foregoing Affidavit and/or Sworn Testimony of _____ the undersigned finds and determines:

- As to charges(s) _____, that there was at the time of arrest and is probable cause to believe the defendant has committed the offense with which he/she is accused and it is hereby Ordered and Adjudged that defendant is to be detained or post bond as otherwise affixed pending further proceedings.
- As to charges(s) _____, that there is alack of evidence that the defendant committed the offense with which he/she is accused, and it is hereby Ordered and Adjudged that the Sheriff or Chief of Police having custody is directed to forthwith release defendant from custody on defendant's own recognizance, subject to defendant appearing at all subsequent court proceeding upon proper notice.
- As to charges(s) _____, that it is hereby Ordered and Adjudged the matter of probable cause is hereby continued until the next First Appearance Hearing after date hereof, at which Hearing, the Arresting Agency shall present any further proof of probable cause that it may possess.

RELEASE ORDER:

The above named Defendant was brought before the undersigned on this date at _____ o'clock ____M. for a first appearance hearing and the undersigned thereupon informed him/her of the charge against him/her and provided him/her with a copy thereof and also adequately advised him/her that (1) he/she was not required to say anything and that anything he/she did say might be used against him/her (2) if he/she was financially unable to afford an attorney that the Court would appoint one to represent him/her, and (3) he/she had the right to communicate with his/her attorney, his/her friends, and if necessary reasonable means would be provided to enable him/her to do so; and the undersigned having considered all available relevant factors necessary to determine whether bail is necessary to assure Defendant's future appearance, and found that same is _____, necessary, it is upon consideration thereof ORDERED AND ADJUDGED that the Defendant

- Be released on his/her own recognizance upon the condition that he/she appear as agreed below.
- Be admitted to bail in the amount of \$ _____ as to charge A, \$ _____ as to charge B, \$ _____ as to charge C, \$ _____ as to charge D, and \$ _____ as to charge E, upon the conditions that he/she appear as agreed below

SPECIAL CONDITIONS OF BAIL

- The defendant may not consume or possess alcohol.
- The defendant may not operate a motor vehicle.
- The defendant must comply with any other written provisions.
- DEFENDANT WAIVED RIGHT TO COUNSEL

JUDGE

REFUSAL OF APPOINTMENT OF COUNSEL

() I hereby represent to the County that I do not desire the services of the Office of the Public Defender and that I will employ private counsel.

AGREEMENT TO APPEAR

I hereby acknowledge receipt of a copy of the above and I agree and promise to appear in Courtroom _____ of the _____ County Courthouse, in _____, Florida, on the _____ day of _____ 20__ at o'clock, ____M. and at such other times as the Court may order, and also agree to notify the Clerk of the Court, in writing, of my new

DATED: _____, 20__
SWORN TO AND SUBSCRIBED BEFORE

Defendant

ME THIS _____ DAY OF _____, 20__

Address

Deputy Clerk/Judge

**NGCC - CASE INTAKE
OCT 20 '22 AM 8:35**

MARION COUNTY



SHERIFF'S OFFICE

Inmate Information For:

Inmate Id #	Booking #	Booking Date	Release Date
A0266859	2200009041	10/19/2022 13:44	10/19/2022 23:38

Last Name	First Name	Middle Name	Suffix
RASMUSSEN	KYLE	ALLEN	

City	ST	Zip Code
LAKE CITY	FL	

Age	Race	Sex	Height	Weight	Hair	Eyes
35	W	M	601	190	BRO	BRO



[Return to Search Page](#)

Charge Information

Charge #	1	Violation Code	394.4593-2	Violation Description	SEX OFFENSE- EMPLOYEE HAVE SEX WITH MENTAL PATIENT	Violation Level	F
Violation Description 2	SEXUAL MISCONDUCT WITH A MENTAL HEALTH PATIENT						
Agency Case #	202200123579	End Of Sentence Date					
Bond Amount	\$5,000.00	Cleared Type	BOND POSTED	Next Court Date			

[Return to Search Page](#)

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, STATE OF FLORIDA

STATE OF FLORIDA

COURT CASE NO.: 22-CF-4076

V.

KYLE RASMUSSEN
DEFENDANT

OPD CASE NO. 202200123579

**NOTICE OF CONFIDENTIAL INFORMATION AND/OR
CONFIDENTIAL CRIME VICTIM INFORMATION WITHIN COURT FILING**

Pursuant to Florida Rules of General Practice and Judicial Administration 2.420(d)(2) and 2.423, I hereby certify that I am filing a document containing confidential information or confidential crime victim information and specifying its location within the document.

Title/Type of Document(s): Arrest Affidavit Other: _____

X **Marsy's Law crime victim information** which can be used to identify, locate, or harass a victim (including next of kin of homicide victim) or a victim's family, or which could disclose confidential or privileged information of the victim. A "victim" is a person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of a crime or delinquent act or against whom the crime or delinquent act is committed. The term "victim" includes the victim's lawful representative, the parent or guardian of a minor victim, or the next of kin of a homicide victim, except upon a showing that the interest of such individual would be in actual or potential conflict with the interest of the victim. The term "victim" does not include the accused. Fla. R. Gen. Prac. & Jud. Admin. 2.423(b)(1) & (b)(3); Fla. Const. Art. I, §16.

Type and location of information (*check all that apply; describe if necessary*)

Victim name

Page Numbers Containing Victim name: 2

Victim address

Page Numbers Containing Victim address: _____

Other: _____

Page Numbers Containing Other Victim information: _____

_____ **Social Security, bank account, charge, debit, and credit card numbers in court records.**
§119.0714(1)(i)-(j), (2)(a)-(e), Fla. Stat.
Page Numbers Containing Confidential Information: _____

X **Information identifying victims of child abuse or sexual offenses, including child sexual abuse.** §§ 119.071(2)(h), 119.0714(1)(h), Fla. Stat.

MCCC - CASE INTAKE
OCT 20 '22 PM2:38

Page Numbers Containing Confidential Information: 2

Criminal intelligence information or criminal investigative information that reveals the personal identifying information of a witness to a murder, as described in § 782.04. §119.071(2)(m)1, Fla. Stat.

Page Numbers Containing Confidential Information: _____

HIV test results and patient identity within the HIV test results. § 381.004(3)(e), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Sexually transmitted diseases — test results and identity within the test results when provided by the Department of Health or the department's authorized representative. §384.29, Fla. Stat.

Page Numbers Containing Confidential Information: _____

Chapter 39 records relating to dependency matters, termination of parental rights, guardians ad litem, child abuse, neglect, and abandonment. § 39.0132(3), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Birth and death certificates, including court-issued delayed birth certificates and fetal death certificates. §§ 382.008(6), 382.025(1)(a), Fla. Stat.

Page Numbers Containing Confidential Information: _____

X Identifying information in clinical mental health records under the Baker Act.

§394.4615(7), Fla. Stat.

Page Numbers Containing Confidential Information: 2

Records of substance abuse service providers which pertain to the identity, diagnosis, and prognosis of and service provision to individuals who have received services from substance abuse service providers. § 397.501(7), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Identifying information in clinical records of detained criminal defendants found incompetent to proceed or acquitted by reason of insanity. § 916.107(8), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Victim's address in domestic violence action on petitioner's request.

§ 741.30(3)(b), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Guardianship reports and orders appointing court monitors in guardianship cases.

§§ 744.1076, 744.3701, Fla. Stat.

Page Numbers Containing Confidential Information: _____

Grand jury records. Ch. 905, Fla. Stat.

Page Numbers Containing Confidential Information: _____

Information acquired by courts and law enforcement regarding **family services for children**. § 984.06(3)-(4), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Juvenile delinquency records. §§ 985.04(1), 985.045(2), Fla. Stat.

Page Numbers Containing Confidential Information: _____

Presentence investigation reports and attached psychological or psychiatric evaluations. Fla. R. Crim. P. 3.712; §§ 921.231(1)(i), 948.015(9), Fla. Stat.

Page Numbers Containing Confidential Information: _____

OCALA POLICE DEPARTMENT

BY: 
Signature

Daniel Collier
Printed Name

5645
ID #

Note: The clerk of court shall review filings identified as containing confidential information pursuant to Rule 2.420 to determine whether the information is facially subject to confidentiality under Rule 2.420(d)(1)(B). The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to Rule 2.420(d)(3). Fla. R. Gen. Prac. & Jud. Admin. 2.420(d)(2).