

7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 4

ARREST <input checked="" type="checkbox"/>	NOTICE TO APPEAR <input type="checkbox"/>	AFFIDAVIT <input type="checkbox"/>	C.C. <input type="checkbox"/>	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	Court Case Number:
(ORI) FL: FL0640100	Agency Name: DAYTONA BEACH POLICE DEPARTMENT	Agency Case Number: 160019821				
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: 09-20-2016	Time of Arrest: 1145		
ADDRESS OF ARREST (Street, City, State, Zip): 215 Fairfax Drive DAYTONA BEACH FL 32114			Arrested By: Dinardi, David	ID Number: D34223		
DEFENDANT		NAME (Last): JONES	(First): ELEXIE	(Middle): K	A.K.A.:	Sex: M Race: B
DOB: 06-10-1993	Age: 23	Driver's Lic./ID No.: J-520-211-93-210-0	State: FL	Year Expires: 2023	S.S.# - 593-33-2141	
Height: 5' 09	Weight: 170	Hair: BLK	Eyes: BRO	P.O.B. (City, State, Country): FL		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Dead/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Address - Mailing/Permanent: 215 FAIRFAX DR		(STREET, APT. NUMBER)	(CITY): DAYTONA BEACH	(STATE): FL	ZIP CODE: 32114	RESIDENCE PHONE:
Address - Local:		(STREET, APT. NUMBER)	(CITY):	(STATE):	ZIP CODE:	RESIDENCE PHONE:
Address - Other (Employer/School):		(STREET, APT. NUMBER)	(CITY):	(STATE):	ZIP CODE:	BUS/SCHOOL PHONE:

CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input type="checkbox"/>	Traffic infraction(s) <input type="checkbox"/>	DUI <input type="checkbox"/>	Total Charges: 1
#1	Charge: Robbery with Weapon (Attempted)	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: 812.13(2)(B)	Citation No.:	Bond: 20,000		
#2	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		
#3	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:		

CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME	(Last) (First) (Middle)	Race:	Sex: DOB: Age:
#2 NAME	(Last) (First) (Middle)	Race:	Sex: DOB: Age:

NARRATIVE

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 19 day of September, 2016, at approximately 1040 a.m. a.m. p.m. at N Peninsula/Seabreeze DAYTONA BEACH within Volusia County, violated the law and did then and there:

- did attempt the taking of money or other property which may be the subject of larceny from the person or custody of another, with intent to either permanently or temporarily deprive the person or the owner of the money or other property, when in the course of the taking there is the use of force, violence, assault, or putting in fear, and in the course of committing the robbery the offender carried a firearm or other deadly weapon.
- On 09/19/16, at approximately 2240 hours, the victim, Omar Aly, stated that an unknown black male tried to rob him.
- The victim stated that the suspect approached him in the 300 block of Seabreeze Blvd. The victim stated that the suspect first asked him about "weed" and then asked him about Uber. The victim stated that he walked away from the suspect. The victim stated that he walked west on Seabreeze Blvd. and he then turned south onto North Peninsula Drive. The victim stated that he realized that the suspect was following him, and that the suspect caught up to him on North Peninsula Drive, just south of Seabreeze Blvd. The victim stated that the suspect displayed a switch blade knife and put the knife against the victim's chest and the suspect told the victim to empty out his pockets or he'd stab him.
- The victim stated that he pulled his own knife from his pocket, at which time the suspect told the victim that he had a gun and he would shoot him.
- The victim stated that he took a step back and called 9-1-1 on his phone.
- The victim stated that the suspect fled the scene running east on Seabreeze Blvd.
- The victim described the suspect as being a black male, 5'5" to 5'6", with a scruffy beard, white shirt, brown cap, black jeans, and a black necklace.

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			

SIGNATURE OF DEFENDANT	Date	RELATIONSHIP TO JUVENILE	JUVE DISP.
			CITATION No.

Sworn to and subscribed before me, the undersigned this 20 day of September, 2016	Name: <u>77-53</u>	I swear affirm the above statements are correct and true	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE DINARDI, DAVID	D34223
Type of Identification:		NAME (PRINTED)	ID NUMBER
OFFICIAL USE ONLY		Inmate Number & Facility:	

Volusia**Notice to Appear Instruction Sheet**

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.**
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:**

**PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.**

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. **Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court . (DO NOT MAIL CASH.)**

Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

- In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty or nolo contendere (no contest) .
- In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
- By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____
(First) (Middle) (Last)

Date: _____

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

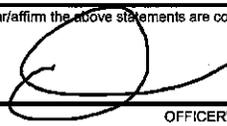
Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant (Last) Name: JONES		(First) ELEXIE	(Middle) K	Agency Case Number: 160019821	
CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:

16 The victim completed a sworn written statement and will press charges.
17
18 Officer C. Lampe contacted the manager of the Daytona Taproom, 310 Seabreeze Blvd., Cliff Stevenson. Mr. Stevenson stated that a person
19 matching the suspect's description had attempted to purchase a beer at the Taproom, but they refused him service due to the suspect's level of
20 intoxication.
21
22 At approximately 2359 hours, on 09/19/16, Mr. Stevenson (from the Taproom) called and stated that the suspect had returned to the Taproom and
23 had ordered food.
24
25 Sgt. D. Diaz and Officer Gonzalez responded to the Taproom, but the suspect had already left, and the officers were unable to locate the suspect.
26 Sgt. Diaz was provided a credit card receipt from the food purchase that the suspect had made at the Taproom. The receipt was in the name of
27 Elexie Jones. Sgt. Diaz located an Elexie Kieran Jones (06/10/93) in a police database. It should be noted that Elexie Jones is listed as a white male,
28 but after viewing the taproom's surveillance video Sgt. Diaz believed the person in the video was Elexie Jones.
29
30 Officer Gonzalez created a photographic lineup that contained a photograph of Elexie Jones. The victim viewed the lineup and stated that he was not
31 100% sure, but that photograph #4 (Elexie Jones) most resembled the person who tried to rob him.
32
33 I began to do background research on Elexie Jones, and discovered that he had been arrested on 09/18/16 at 509 Seabreeze Blvd.
34 I viewed still photographs that were obtained from the Taproom surveillance video, and the photographs appear to be of Elexie Jones.
35 I showed the victim two of the surveillance photographs and he confirmed that the person in the pictures is the person who tried to rob him.
36
37 On 09/20/16, Detective D. Runge and I attempted to contact the suspect, Elexie Jones, at 215 Fairfax Drive. Although there was a vehicle in the
38 driveway, and two vehicles in front of the house, no one answered in the door in response to our knocking.
39
40 At approximately 1130 hours, on 09/20/16, I contacted the suspect, Elexie Jones, on the street in front of his house at 215 Fairfax Drive.
41 After introducing myself, I informed the suspect that I was investigating an incident that occurred on Seabreeze Blvd. last night. The suspect replied
42 that he was not on Seabreeze Blvd. last night. I then showed the suspect the surveillance photographs from the Taproom and he then admitted that
43 he was on Seabreeze Blvd. last night and it is he in the surveillance photographs.
44 The suspect then denied having an argument, or taking part in any wrongdoing, while on Seabreeze Blvd. last night.
45
46 The suspect was then placed under arrest and transported to Valor Blvd. by Officer James Thomas.
47

Sworn to and subscribed before me, the undersigned this 20 day of September, 2016 Name: 		I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE		Right Thumb
Notary Public <input type="checkbox"/>	Law Enforcement Officer <input checked="" type="checkbox"/>	DINARDI, DAVID		D34223
Personally Known <input type="checkbox"/>	Produced Identification <input type="checkbox"/>	NAME (PRINTED)		ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 160019821

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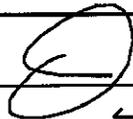
Defendant (Last) Name: JONES		(First) ELEXIE		(Middle) K	Agency Case Number: 160019821	
Name: (Last) ALY	(First) OMAR	(Middle)	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 22 DOB: 06-06-1994 SSN:
Address (#, Street, City, State): 3043 S ATLANTIC AVE APT 1902 D B SHORES FL				Zip: 32118	Home: Phone: (386) 898-4587 Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:				Zip:	Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Phone:	
Name: (Last) STEVENSON	(First) CLIFF	(Middle)	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 34 DOB: 12-15-1981 SSN:
Address (#, Street, City, State): 501 BUTLER BLVD #2 DAYTONA BEACH FL				Zip: 32118	Home: Phone: (396) 795-2739 Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:				Zip:	Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Phone:	
Name: (Last) ARNOLD	(First) BRYAN	(Middle)	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 32 DOB: 07-13-1984 SSN:
Address (#, Street, City, State): 3821 SKYWAY DR SANFORD FL				Zip: 32773	Home: Phone: (317) 728-8307 Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:				Zip:	Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Phone:	
Name: (Last)	(First)	(Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Address (#, Street, City, State):				Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:				Zip:	Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Phone:	
Name: (Last)	(First)	(Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Address (#, Street, City, State):				Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:				Zip:	Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

DINARDI, DAVID
Investigating Officer



D34223
ID Number

DBPD
Agency