

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Offense Indicator 1. #1 2. #2 3. Both 1	Subject Code S-Suspect D-Defendant V-Victim (Missing Person)	Code # D 1	Subj. Type 3	Name (Last) Hills	(First) Teryron	(Middle) Latrell	Race B	Sex M	Ethnicity N
Date of Birth 06-11-1998	Age 18	To Age	Height 5' 08	To Height	Weight 140	To Weight	Eye Color BRO	Hair Color BLK	Maiden Name
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School		Occupation	
Last Known Address (Street, Apt. Number) 1717 Mason Ave apt 911				City DAYTONA BEACH	State FL	Zip 32114	Address Type H	Phone	Phone Type
Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type
Driver's License State/Number FL			Social Security Number			Other ID Number		ID Type	
Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses	
If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:	
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No	
						Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No	
I, _____ (Printed)					_____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.				

SUBJECT / MISSING SECTION

Offense Indicator 1. #1 2. #2 3. Both	Subject Code S-Suspect D-Defendant V-Victim (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity
Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School		Occupation	
Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type
Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type
Driver's License State/Number			Social Security Number			Other ID Number		ID Type	
Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses	
If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:	
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No	
						Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No	
I, _____ (Printed)					_____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.				

NARRATIVE

NARRATIVE SECTION

ADMINISTRATIVE

Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe:		
Officer Reporting - Printed Ray, Frederick	Officer Reporting - Signature	ID. Number D99113	Unit	Date 12-01-2016
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date

DAYTONA BEACH POLICE DEPARTMENT

PROPERTY REPORT

EVNT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement				
	12-01-2016	1209		WC	160024923		1				
THEFT	Type Theft	Type Theft Codes									
	00. N/A	01. Burglary 02. Robbery 03. Shoplifting	04. Pocket Picking 05. Purse Snatching	06. Embezzlement 07. From Coin Oper. Machine	08. From Public Access Bldg.	09. From Vehicle 10. Extortion	11. By Computer 12. Fraud	13. Bicycle 14. Motor Vehicle Parts	99. Other		
CODES	Person Code	Person Involvement Code	Status Code:								
	V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	1. Finder 2. Owner 3. Suspect 4. Other	1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned	20. Safekeeping 21. Digital Evidence		
	Category Code	E-Equipment/Measuring Devices/Tools B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment	F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JWLRY, Etc.)				
	DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
		D 1	2	1	1	Y	GUNS	silver (mm hand Gun smith and wesson			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value			
	VJA9046		\$					\$			
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
		SMI	3913	9	PI						
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value			
			\$					\$			
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value			
			\$					\$			
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Ray, Frederick				D99113		12-01-2016				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date					

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 3

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 Case Number: 160024923	
Agency Name: DAYTONA BEACH POLICE DEPARTMENT		Date Arrested: 12-01-2016	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Time of Arrest: 1209
ADDRESS OF ARREST (Street, City, State, Zip): 1255 West International Speedway Blvd DAYTONA BEACH FL 32114		Arrested By: Ray, Frederick	ID Number: D99113
DEFENDANT		A.K.A.: _____	Sex: M Race: B
NAME (Last): Hills	(First): Treyon	(Middle): Lairell	
DOB: 06-11-1998	Age: 18	Driver's Lic./ID No.: _____	State: FL Year Expires: 2024 S.S.#: _____
Height: 5'08"	Weight: 140	Hair: BLK Eyes: BRO	F.O.B. (City, State, Country): DAYTONA BEACH FL 32114
Scars, Marks, Tattoos: _____	Business & Occupation: _____		Statement: 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"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER): 1717 Mason Ave apt 911		(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 Charge:	Carry Conceal Firearm/Weapon- school cam	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: 790.06(12)	Citation No.: _____	Bond: No Bond		
#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 01 day of December, 2016, at approximately 1209 a.m. p.m. at 1255 West International DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On 12/01/2016 the defendant Treyon Hills violated Florida State 790.06 in reference to possession of concealed firearm on school campus.
 2
 3 On this date a student came to my office at Mainland high school and advised this officer that she over heard a student in PE class bargaining about
 4 being in possession of a firearm on campus. Mr. Brunson (Head campus Advisor) and I went to Mrs. Graders Class and made contact with Hills.
 5 Hills was escorted from PE class to the deans office where Mr. Brunson searched Hills backpack. Inside the back Mr. Brunson located a silver in
 6 color Smith and Wesson hand gun. The gun was wrapped inside a yellow collared shirt stuffed down in the bottom of the back pack. Hills advised
 7 that he brought the gun to school to protect himself after school from some other students. Hills advised that the gun was not his, but he refused to
 8 tell this officer who the gun belongs to. The gun was a Smith and Wesson silver hand gun with serial number VJA9046. Mr. Brunson completed a
 9 witness statement to this incident.
 10

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. _____
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Sworn to and subscribed before me, the undersigned this <u>01</u> day of <u>December</u> , <u>2016</u> Name: <u>Ray Frederick</u>	I swear affirm the above statements are correct and true <u>Ray Frederick</u> OFFICER'S/COMPLAINANT'S SIGNATURE	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"/> Type of Identification: _____	RAY, FREDERICK NAME (PRINTED)	D99113 ID NUMBER

OFFICIAL USE ONLY Inmate Number & Facility: _____

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 160024923

Page # 3 of 3

Defendant (Last) Name: Hills		(First) Teryron		(Middle) Latrell		Agency Case Number: 160024923					
Name: (Last) Brunson		(First) Walter		(Middle)		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: B	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): 1255 West International Speed DAYTONA BEACH FL						Zip: 32114		Home: (386) 258-4665		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address: Malnaind High School						Zip:		Bus: Phone:		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:		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:		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:		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:		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:		Phone:	
Relative/Contact Name		Relative/Contact Address:								Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Sliver 9mm Hand gun	12-01-2016	VJA9046/ 3913	
Owner Name (Last) (First) Hills Treyon	(Address) 1717 Mason Ave DAYTONA BEACH FL 32114	(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.

RAY FREDERICK
Investigating Officer

Ray Frederick 991B

D99113
ID Number

DBPD
Agency

7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 2

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: FL0640100		Agency Name: DAYTONA BEACH POLICE DEPARTMENT	
Agency Case Number: 160024923		Date Arrested: 12-01-2016	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS # _____	
ADDRESS OF ARREST (Street, City, State, Zip): 1255 West International speedwev DAYTONA BEACH FL 32114		Arrested By: Ray, Frederick	
DEFENDANT NAME (Last) Hills (First) Trevon (Middle) Latrell		A.K.A.: _____	
DOB: 06-11-1998 Age: 18 Driver's Lic./ ID No.: _____		Sex: M Race: B	
Height: 5' 08 Weight: 140 Hair: BLK Eyes: BRO		P.O.B. (City, State, Country): DAYTONA BEACH FL	
Scars, Marks, Tattoos: _____		Business & Occupation: _____	
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"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address - Mailing/Permanent (STREET, APT. NUMBER) 1717 Mason Ave apt 911		RESIDENCE PHONE _____	
Address - Local (STREET, APT. NUMBER) _____		RESIDENCE PHONE _____	
Address - Other (Employer/School) (STREET, APT. NUMBER) _____		BUS/SCHOOL PHONE _____	
CHARGES DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s)? <input type="checkbox"/> Statement(a) <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 Charge: Grand Theft - \$20,000 - < \$100,000		FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD: 812.014(2)(B)1 Citation No.: _____ Bond: 25000	
#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 01 day of December, 2016, at approximately 1209 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> at 1255 West International DAYTONA BEACH within Volusia County, violated the law and did then and there:			
1 2 Warrant # 2016171187 signed on 10/20/2016 by Judge Hutechson in reference to grand theft auto, fleeing and eluding, and resisting arrest without 3 violence. Bond was set at 25'000. confirmation received from Volusia County teletype. Hard copy forward to the Volusia County Branch Jail. 4 5			
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 _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____ RELATIONSHIP TO JUVENILE _____	
Sworn to and subscribed before me, the undersigned this 01 day of December, 2016		I swear/affirm the above statements are correct and true	
Name: <i>So. R. ...</i>		<i>[Signature]</i> 9915	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		RAY, FREDERICK D99113	
Type of Identification: _____		NAME (PRINTED) ID NUMBER	
OFFICIAL USE ONLY		Inmate Number & Facility: _____	

The gun was unloaded; however he did have a magazine with live rounds inside the back pack.