VOLUSIA COUNTY SHERIFF'S OFFICE

	Juvenile		Hate Crime					INCIE	DENT R	EPORT					1 of	4 Pages	
	Gang Elderly Abuse / Exploitation Domestic Violence VOR										Agency Report Number 190018185						
	Domestic Vid		Agency ORI Number Zone #							Telephone Handled			′es				
	<u> </u>	_	Time /m	ail) . Time		0640000	. Time	A mais co. al. (moi	I) Time (Completed (mil.)	35	f Call (Report T		Call? (T.H.C.)	2. N	lo 2	
	Reported: Day	Date	Time (m	1212	Dispatched	(11111.)	1227	Arrived (mi	1357	ompietea (mii.,	ESCAP	, .	. ,				
	Friday Incident Type:	08-23-20 3. Misdem	neanor 5.	Ordinance	Incident: Da	ay Da		Tir	me (mil.)	Day	Date		Time (mi	I.) Occurre	d During:		
	Felony Traffic Felony	4. Traffic Misder	9. meanor	Other	From Friday	08	-23-20°	19 06	45	TO Friday	/ 08-2	23-2019	0701	D - Day N - Nigh	U - Unk t	nown D	
TA.	Offense #1	''	ite Violation Nur	mber				Description							A - Attempte C - Committe		
DAT		1 944.4 Statu	40 ite Violation Nur	mber				Prisoner Description							A - Attempte		
ENT	#2	(Ctuant Aut N	li inala a n						C:t-						C - Committe	ed	
EVE	Incident Location 1300 RED JC	•	iumber)						City DAY	TONA BEAC	CH			Zip			
_	Business Name			# Prem. I		Orug Relate D. N/A 1.			nol Related	Forced Ent		Arson-Inha		Abandoned	Arson-Att		
		.					No 2	0.14//	2. No 2	2. No	Allompicu	2. Unoccup		Abaridorica	2. N		
	Location Type	Location Type 01.Residence	-Single 05.0	Convenience Sto		permarket			/Financial Inst.		•	21.Airport		25.Parking Lot/Gar	3 -	9.Motor Vehicle	
		02.Apartment 03.Residence	e/Other 07.L	Gas Station Liquor Sales	11.Sp	pt/Discoun ecialty Sto	re		mercial/Office B strial/Mfg.	19.Jail/	Prison	22.Bus/Rail Ter 23.Construction		26.Highway/Roadw 27.Park/Woodlands	/Field 88		
	V/W Code	04.Hotel/Mote	el 08.E Victim/Subject	Bar/Nightclub Type		ua Store/Hoss ess/Phone		16.Stora	age	20.Reli Race	aious Blda.	24.Other Struct Sex		28.Lake/Waterway nce Type	99 Residence	9.Other e Status	
	V-Victim N	I-Next of Kin	0. N/A 1. Juvenile	4. Business 5. Governmen	B. Bu	siness/Wo	rk M.	Message	P. Pager	W-White	O-Oriental/Asian	M-Male	0. NA	3. Florida	0. N/A 1. Full Ye		
ES	W-Witness C R-Reporting Per	o-Other son	2. L.E. Officer 3. Adult		C. Ce			Other	xt of Kin S. School ner V. Vacation		U-Unknown Indian	F-Female U-Unknown	 City Coun 	4. Out-of-State ty	2. Par. Ye	ear	
ODE	Means of Attack			Extent of					<u> </u>			Domestic V	iolence/	Victim Relat	onship to Of	fender	
0	F-Firearm K-Knife/Cutting		r Dangerous s, Fists, Feet, E	00.N/A tc. 01.Gun	shot 04.	Laceration Unconscio	us	07.Lc	06.Poss. Internal Injury 07.Loss of Teeth		sions/Bruises /isible Injury	1. Yes 2. No		S-Spouse B-Siblin P-Parent O-Othe			
	Offense Indicat	tor V/	W Code #	02.Stab # V. Type		Poss.Broke Call (for Vio					er Serious Injury /Business)		First)	C-Child	H-Co-Habita	nnt (Middle)	
SS	1. #1 3. Bo		1	2		`	,		,	RIVERS	,	,	,			,	
lш	Address (Street,		•		•				City		State	Zip		Residenc	e Phone		
VITN	Business/School	Other Address	(Street, Apt. No	umber)		City		S	State	Zip		Address Ty	ре Ві	usiness/School/Oth	er Phone	Phone Type	
M/WI	1300 RED JO	OHN DRIVE		,		DAY	TONA	BEACH				В					
TI.	Other Contact Info (Time Available, Interpreter, etc.)								psis of Involvem GEANT AT \								
VICT	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit		Res. Type	Res. Status	Means of Attack	Extent of	Injury	Domestic Violence	Relation	onship	
	1, 2, or 3 Offense Indicator		M W Code #	V. Type	Nature of	 Call (for Vid	N ctim. if dit	fferent from	Incident)	Name (Last	/Business)	(F	irst)			(Middle)	
SS	1. #1 3. Bo					()	,		,	(,	(-	,			()	
Ш	Address (Street,	Apt. Number)	•	•	•				City		State	Zip		Residenc	e Phone		
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CTI	Other Contact In					psis of Involven	nent										
>	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit	у	Res. Type	Res. Status	Means of Attack	Extent of	Injury	Domestic Violence	Relation	onship	
	1, 2, or 3 Offense Indicato	r V/	W Code #	V. Type	Nature of	L Call (for Vi	L ctim, if di	fferent from	I Incident)	Name (Last	Business)	(F	irst)			(Middle)	
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VICTIM/WITN	Other Contact In	fo (Time Availal	hle Interpreter	etc)				Simo	Synopsis of Involvement								
CT	Other Contact III	io (Time Availai	bie, interpreter,	610.)					psis of involven	ient							
>	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit	у	Res. Type	Res. Status	Means of Attack	Extent of	Injury	Domestic Violence	Relation	onship	
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VICT	Other Contact III	io (Time Availai	bie, interpreter,	eic.)				Syrio	psis of involven	ieni							
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>	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit	y	Res. Type	Res. Status	Means of Attack	Extent of	Injury	Domestic Violence	Relation	onship	
	1, 2, or 3						1										

	INCIDENT REPORT (CONT.) Page 2 of 4 Pages																					
	Offense	Indicator 3. Both	Subject C S-Suspec		tim		Code	#	Subj. Typ	e Nam	e (Last)			(First)			(Mido	dle)	Race	Sex	Eth	nicity
	2. #2 Date of	1	D-Defend Age		issing Per		<mark>D</mark> Γο Heig	1 aht	3 Weight		DING Weight	Eye Colo		MICHAEI	L Hair Color		<u> </u>		W len Name	М	N	
	11-10-		41		5' 08				185			HAZ			BRO				10			
	INICKHAI	me / Street Name				Place	of Birth	ı - C	ity	County		State FL		ployer/Othe	1/501001				Occupat	lion		
		own Address (Street) TH AVE	eet, Apt. Nur	mber)					City OSTEEN	ı		State =L	Zip	764		Address	s Type	Phone	Э			Phone Type
		Address (Street, Ap	ot. Number)						City			State	Zip			Address	з Туре	Phone)			Phone Type
	Driver's	License State/Nu	mber				Socia	al Sec	urity Numb	er			Other	ID Number							ID Type	
CTION	FL	R-352-552	77-410-0								Scar	s/Marks/Tatt	ttoos (Type/Describe) Scars/M				Marke/T	attoos (Tyr	ne/Descri	he)		
SE(Clothing (Describe) BLACK / SHIRT / /				/		/		Coun	o/Marko/Tak						viaino, i	411005 (19)		,			
98	Hair Lei	ngth /Style / /	/	Skin	B	uild		Facia	al Features /		/		Speecr	/Voice	Deformity	/		/	,		Glasses	
/ MISSING	If Subje	Demean	or Mas	sk	Weapon	Туре	,		1		1		/	•	If Arrest		ubject Wa Custody?	s Alrea ? 1.	dy Yes 1 No 1	1.	arrant Fr This Ager Other Age	om: ncy
	Di	ate of Last Contac	t C	Date of Eman	L cipation	C	aution	1	Caution Re	eason	/		<i>/</i>		Personal I	Habits (D	rugs / Alc	ohol)	NO II	1 2. (<u> Jtner Age</u>	ncy
SUBJECT	M	ay Be With:		Physi	cal Condit	ion:			1	Mental Co	ndition:			Doctor	Name:				Dentist Na	ame:		
B	SING	Incident Type				1	Foul P	Plav						Fingerprints	<u> </u>	l pi	noto Avail	lable?		Dental	Record	
S	ISSI	Runaway Parents		Disaster Victim			Suspe			^	lissing Be	efore?		Available?	•	'	ioto / tvaii	idolo.		Availab		
	IF MIS	 Involuntary Disabled 		7. Voluntar Adult	y		1. Yes 2. No	5	1		. Yes . No	I		1. Yes 2. No			Yes No		I	1. Yes 2. No		1
	_	5. Endangered	t	8. Unknow	า		8. Unk	nown		8	. Unknow	'n										
	I,				t di-'										(Signature) certify	that I hav	/e repor	ted the abo	ove perso	on as a m	issing
	Offense		Subject C	Code			n a sta Code		Subj. Typ	e Nam	e (Last)			(First)			(Midd	dle)	Race	Sex	Eth	nicity
	1. #1 2. #2 Date of	3. Both	S-Suspect D-Defender Age	dant (M	tim issing Per Height		Го Неід	<u> </u>	Weight		Weight	Eye Cold	\r		Hair Color			Mois	len Name			
				To Age	Height						vveigni							iviaic	len Name			
	Nicknar	me / Street Name				Place	of Birth	- C	ity	County I		State I	Em	ployer/Othe	r/School				Occupat	ion		
	Last Kn	own Address (Str	eet, Apt. Nur	mber)					City		Ç	State	Zip	ı		Address	з Туре	Phone	9			Phone Type
	Other A	Address (Street, Ap	ot. Number)						City			State	Zip	1		Address	з Туре	Phone)			Phone Type
Z	Driver's	License State/Nu	mber				Socia	al Sec	urity Numb	er			Other	ID Number							ID Type	
SECTION	Clothin	g (Describe)									Scar	s/Marks/Tatt	oos (Tyn	ne/Describe)			Scars/N	Marks/T	attoos (Tyr	ne/Descri	he)	
		ngth /Style	/	Skin	/	uild	/	Fasis	/			J			Deformity		C oalon					
/ MISSING	Hall Lei	/ / /	/	SKIII		uliu		Гасіа	al Features /		/		Speech	/	Deformity	/		/	•		Glasses	
SS	If Subje	Demean	or Mas	sk	Weapon	Туре	' / /							If Arrested: Subject Was Already Warrant From: 1. This Agency 2. No 2. Other Agency					om: icy			
	Di	ate of Last Contac	t C	Date of Eman	cipation	Ca	Caution Caution Reason							Personal Habits (Drugs / Alco					110	1 4. \	ouror rigi	,noy 1
SUBJECT		ay Be With:		Physi	cal Condit	ion:	Mental Condition:						Doctor Name:						Dentist Na	ame:		
l B	SING	Incident Type				Τ	Foul P	•		N	lissing Be	efore?		Fingerprints	S	Pl	noto Avail	lable?		Dental	Record	
၂ လ	MISS	Runaway Parents		6. Disaster Victim			Suspe				V			Available? 1. Yes			Voo			Availab	le?	
	旦	 Involuntary Disabled 	1	7. Voluntar Adult 8. Unknowi	ĺ		 Yes No Unk 			2	. Yes . No . Unknow			1. Yes 2. No			Yes No			1. Yes 2. No		
		5. Endangered	<i></i>	O. OHKHOWI	1	<u> </u>			<u> </u>	10	. OTIKITOW	11			l				l	<u> </u>		
	I,	erson; and this a	igency has	my permiss	sion to en	ter this r	_ (Prir person		statewide	alert.					(Signature) certify	that I h	ave rep	oorted the	above	person a	is a missing
		On 08/23/20																			isoner	. Upon
	2 3	arrival Depu	ty Marsa	an made	contact	t with (Corre	ectio	ns Serg	jeant I	Rivers	who adv	/ised I	ne was p	orocessii	ng inn	nates t	o be	release	ed.		
	4	While proces	_																	• •		
NARRATIVE	5 S	Seimnole co n charge of				-									•							
ARR	7 r	release hold								uo uu	Vioca	no wao c	Jenn 111	tiro di iic	but was	acoia	ornany	5100	igin do			idio
2	8 9 I	Rivers called	l each in	imate un	one by	/ one t	n no	sitiv	elv conf	irm the	eir ID	provide	them	with thei	ir proper	tv and	l cut th	neir w	rist har	nds off	Rive	rs had
		knowledge F																				
	Final Ca Status:	I I	l Case us Codes:	1.Arrest/Ad	ult 2	.Arrest/Ju	ıv. 3	3.Exce	eptional/Adu	ult 4.E	xception	al/Juv. 5.	.Closed	6.Unfound	ded		/ictim Ad	vocate	Пт	riad	□ s	A Referral
TIVE		E Hotline .		- 1	_				Date:		Time:	T		/ NCIC Entry		<u> </u>			Date		B)	
RAT	CA	C Spo	ke With:				1 2000						=	/ NCIC Cand	<u> </u>				Dale			
ST	Connec	C Spo exting Report Numb Reporting - Printer	er Age	ency		Ad	dditiona Attac		ns Nar	rative	SA 7	07 Pe	rsons	Property	/ UVeh.	/Tow Sho	eet 🗌	Other	Describe:			
Ž	Officer	Reporting - Printe	<u>l</u>				Of	fficer F	Reporting -	Signature	Λ				ID. Nu	mber		Unit			Date	
AD AD	Necole Officer	e, <mark>Marsan</mark> Reviewing - Printe	d (If Applica	ble)			0	ficent	eviewing -	Signatur	MAAnii	المالاي			8866 ID. Nun	nber		1D33 Unit			08-23-2	2019
	3001		_ (r.ppiloa						January 1	1	-W' VPX		1		1.5. 14011			J				

VOLUSIA COUNTY SHERIFF'S OFFICE

						NAR	RATIVE / S	UPPLEMEN1	Γ		Page	3	of4	_Pages		
Ţ	Report	t Date -2019	Report Time	Orig. Reported Date	1	e of Call (for Incid	lent)	Agency Report Number					1.Original			
Ш			1211	08-23-2019	ESC.		ormation he wa	190018185	vina knov	wledge he	was to be held	_	2.Supplement	1		
NARRATIVE / CONTINUATION	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 44 45 46	After co advised Redding and reminmates At 0701 At approcued were reband un Video S Redding Correction was Furthern hold fro Video S Video S Deputy Case S	hours, the inmate eximately 1000 ho At that time Rivergs unit he was not attes, with the exceptional staff viewed string his wrist band leased. During the attil he exited the Brurveillance further gray was with the ground onal staff advised not to be released more, on 08/19/20 m Seminole Country arveillance was avalurveillance and Volume Marsan completed status: Active.	the inmates were fithe inmates properties with the rest of as with the rest of as with the rest of as with the rest of a swere released as were released as urs Seminole Costs was unable to there. ption of Redding surveillance foots with a camo visce footage Correct ranch Jail and not revealed a group of inmates and Redding was made to his warrant 19 at 2049 Redding was released by a charging afficient of a charging afficient as a charging afficient as a charging afficient with a camo visce footage Correct ranch Jail and not revealed a group of inmates and the control of the control o	re to charperty, in of the increase of the inc	ange into the including Remates. Due corrections are inmate respectively and the proper ich revealeds right hand ficers and Dr. in view of the inmates erred the bus of the inmates erred the inmates erred the bus of the inmates erred the inmates erred the bus of the inmates erred the bus of the inmates erred the inmates erred the bus of the inmates erred the	eir civilian clothedding's, in the eto being trans officers to exit allease port inclurived at 1300 lang with his bag erty room to obtal Redding waiti. Surveillance freputies observathe security care tering the Votror not. not to be release County, on unread to his mother. w. which were late to Detective his to Detective his exit to Detective his mother.	ing in the inmate reholding cell they woorted to Seminole he holding cell and ding Redding who Red John Drive, Drof clothes. Rivers ain a bus pass, obing in the holding courther revealed Redding holding helated charges. The from Volusia Court turned over EDI auffman to obtain a series of the se	release here in. Recounty de moved of had know aytona Bestain their cell with opeding wang the vise low qualification ounty Brace. U. a warrant	olding cell livers furth, Redding to the inmovement of the inmovement of the cell with	I prior to being her advised he changed into he hate release possible was not to be ransport Reddie Correctional (and have their tes in his civiliance with the other in the o	reledid his cont when his cont we release to continue	not realized civilian clotwith the other leased. Ito Seminol cer in chart st bands of lothing and mates under the wind ceal the	thing her le til they rist edge		
Ŋ.	Status		Status Codes: 1.Arre	est/Adult 2.Arrest/Ju	uv. 3.Ex	cceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounde		Victim Adv		l ——	SA Refe	∍rral		
ADMINISTRATIVE	c	CF Hotline AC	Spoke With:	<u> </u>	1.00	Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel	ш	r.t. bolo	Date:		By:			
VIST	Conne	cting Repor	t Number Agency	A	dditional Fo. Attached		/e SA 707	Persons Property	Veh./To	w Sheet	Other Describe:					
JMC		Reporting -			Office	Reporting -Sign	nature 1	ID. Number Unit					Date			
A	Necole, Marsan Officer Reviewing - Printed (If Applicable)					Reviewing - Sig	nature (if Applicable)		8866 1D33 ID. Number Unit				08-23-2019 Date			

7th. Judicial Cir Charging Affida						Arres	it #	_ Bk #	Pg #_	1_of_4
	TICE TO APPEAR	AFFIDAV	ит 🛛 с.с.	ADI	ULT 🛛 JU	VENILE [Court Case AC	1930	4917	CFDR
(ORI) FL:	L0640000	Agency	OLUSIA COUNTY	SHERIFF'	S OFFICE		Agency Case Number: 19	0018185		
FCIC/NCIC Check?	X Yes No					U.C.R:	Date Arrested:		Time of Arrest:	
ADDRESS OF ARREST (Sta	eet, City, State, Zip):					Arrested: By:			ID Number:	
DEFENDANT	NAME (Last)		(First)		(Middle)	A.K.A.:		_	Sex:	Race:
DOB:	REDDING Age: Driver's L	ic./	MICHAEL			State:	Year	S.S.#-	_ M	W
11-10-1977 Height:	41 ID No.: H	lair:	Eyes:	P.O.B.	ļ	<u>FL</u>	Expires: 2017			Statement:
5' 08" Scars, Marks,	195	BRO	HAZ	(City, State, Business &			_	FL		Yes No Citizenship:
Tattoos: Probation:		Sexual Predator:	Yes No X	Occupation	2-1 W I	s No 🔲		Deaf/Mute:	Yes No	Yes No
Address - Mailing/Permanen	Tes IND A	(STREET, APT. N		<u> </u>	10.	CITY)	(STATE)	ZIP CODE		SIDENCE PHONE
190 11TH AVE Address - Local		(STREET, APT. N	(UMBER)			STEEN	FL (STATE)	32764 ZIP CODE	E RE	SIDENCE PHONE
Address - Other (Employer/S	School	(STREET, APT. N	JUMBER)		(0	CITY)	(STATE)	ZIP CODE	E BUS	S/SCHOOL PHONE
Address - Other (Employers	DOMESTIC	— (SINEE),/// III							- Tota	
CHARGES	VIOLENCE? Yes		Affidavit(s)?	Statement(Schedule	7	Infraction(s)	DUI Char	rges: 1
#1 Charge: Prisoner E	scape	FEL	X MISD ☐ ORD		RD: 944.40		Citation No.:		Bond: NO B	OND
#2 Charge:		FEL	MISD ORD	FS/OF	RD:		Citation No.:		Bond:	
#3 Charge:		FEL [MISD ORD	☐ FS/OF	RD:		Citation No.:		Bond:	
CO-DEFENDA	Co-Def #1. Arres	sted? Y N	Fel. Misd.	Traf. O	rd. NTA	Co-Def #2. A	Arrested? Y N	Fel. Misd.	Traf. On	d. NTA
#1 NAME (La	st)	(First)		(Middle)	Race:	Sex:	DOB:		Age:
#2 NAME	st)	(First)	-	(Middle)	Race:	Sex:	DOB:	,	Age:
NARRATIVE	The ur	ndersigned certi	fies and swears th	nat there is	s probable o	ause to belie	ve the above-nar	ned defendant,		
on the <u>23</u> at <u>1300 RED JO</u>			,							
2 arrival Deputy 3 4 While process 5 Seimnole coul 6 charge of the 7 holding cell wi 8 9 Rivers called of 10 knowledge Re 11 side. Rivers di 12 13 After confirmit 14 advised he pla	at 1212 hours, De Marsan made conting the inmates at a nty warrant and writ unit Redding was suthout Rivers having each inmate up one adding was supoosed not call Redding ing their ID's the inmaced each of the inneperty bag was with	act with Correct approximately of bodily attat upposed to be knowledge. by one to posed to be held onto the office of ates were to conates property the rest of the	octions Sergeant in the control of t	Rivers when the sed he was the sed h	no advised 9, Rivers of d to Semin as still in the ovide them in reference was provice tothing in the he holding ansported to	bserved a fa ole County be ne unit but we with their pre to unrelate led and having ne inmate rel cell they we o Seminole (cessing inmates ace sheet for Micout not to be release accidentally roperty and cut ad charges and ang knowledge hase holding cere in. Rivers fur County, Redding	chael Redding eased. Rivers brought down their wrist bar placed Redding was to be hell prior to bein ther advised hell prior to hein g changed int	ed. g (S1) who had contacted the to the inmate ands off. Rivering's face sheeld. ng released. ne did not read on his civilian	ad a ne Officer in ne release rs had net to the Rivers alize
LAGREE TO APPEAR I	N COURT HEREIN TO AN	SWER THE OFFE	INSTRUCTIONS O	TO PAY TH	IE FINE INDIC	ATED, I UNDER	RSTAND THAT SHO	J AMOUNT:	FAIL TO APPE	AR
BEFORE THE COURT	AS REQUIRED, OR PAY	THE FIGURED FINE	, I MIAT BE HELD IN (CONTEMPT	OF COURT A	HID W WAKKAN	I FOR WIT ARKES	١,	JUVE	
					SIGNA	ATURE OF JUVEN	ILE PARENT OR CUS		DISP CITATION	
SIGNATURE OF DEFENDA	NT		Date		+	RELATIONSHI	IP TO JUVENILE		No. 2	
Sworn to and subscribed better this 23 day of AU		9,	I swear/affirm the above	ve statements	are correct and	true		004 11 (1)	BLT humb	
Personally Known	Enforcement or Correct Produced Identification		MARSAN, NECOL NAME (PRINTED)	E MARIE	OFFICER'S/CO	DMPLAINANT'S SI	IGNATURE 8866 ID NUMBER	08 OLA CLO YSMO NOTICE STATE	\\footnote{\chi_2}	
OFFI	CIAL LISE ONLY	,	Inmate Number			-	•	70	<u> </u>	

	arrative 707-B	Arrest Affidavit	X Adult			
	upplement	Notice to Appe	ear 🗌 Juvenile	Court Case Number:	Page #	3 of 4
	fendant ^(Last) me: REDDING	(First) MICHAEL	(Middle) L	Agency Case Number: 190018185		•
	CHARGES DOMESTIC VIOLENCE? Yes	Attachments: At	ffidavit(s)?	Statement(s) NTA Schedule	Report X Traffic Infraction(s	Total Charges: 1
#	Charge:	FEL MIS	SD ORD	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL MIS	SD ORD	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL MIS	SD ORD	FS/ORD:	Citation No.:	Bond:
16 17	remained in the holding cell until direc	ted by correction	ns officers to e	xit the holding cell and moved	to the inmate release port with	the other inmates.
18 19	At 0701 hours, the inmates were release	ased from the inn	mate release p	ort including Redding who had	d knowledge he was not to be r	eleased.
20 21 22 23	At approximately 1000 hours Seminol County. At that time Rivers was unabl Reddings unit he was not there.					
24 25 26 27 28 29	All inmates, with the exception of Red Correctional staff viewed surveillance concealing his wrist band with a camo were released. During the footage Co until he exited the Branch Jail and no	footage which re visor on his righ rrections officers	evealed Reddi nt hand. Surve s and Deputies	ng waiting in the holding cell w illance further revealed Reddir observed Redding holding the	vith other inmates in his civilian ng waiting in line with the other	clothing and inmates until they
30 31 32	Video Surveillance further revealed a was with the group of inmates and en	tered the bus or	not.			
33 34 35	Correctional staff advised Redding was not to be released due to his war	rant from Semin	ole County, on	unrelated charges.		
36 37 38	Furthermore, on 08/19/2019 at 2049 F from Seminole County.	Redding made a	pnone call to i	nis mother from Volusia Count	ly Branch Jali to his mother adv	nsing ne nad a noid
39 40	Video surveillance was collected and	provided to Dep	uties for furthe	r review.	•	
41	Deputy Marsan completed a charging	affidavit and pro	ovided it to Def	ective Huffman to obtain a wa	rrant.	
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this	orn to and subscribed before me, the undersigned is 23 day of August , 2019 ,	, \\	ar/aumini the above st	atements are correct and true	*	· Right Thumb
-	tary Public Law Enforcement Officer	X V		OFFICER'S/COMPLAINANT'S SIGNA	TURE	1
Pe	rsonally Known Produced Identificat	tion 🖂	RSAN,NECOLE N	MARIE	8866	
Ty	pe of Identification: Dal. Huffman		E (PRINTED)		ID NUMBER	1

Affidavit X Adult Form 707-A **Court Case** ☐ Notice to Appear ☐ Juvenile Page# 4 Number: of 4 (Middle) (First) Agency Case Defendant (Last) 190018185 Number: Name: REDDING MICHAEL DOB; SSN: (Middle) Sex: Vic Race: Age: Name: (Last) (First) Wit M \square F Statement Zip: Home: Address ∏ No Yes (#, Street, City, State): Phone: Zip: Bus: Bus/School Phone: Address: Relative/ Relative/Contact Phone: Address: Contact Name DOB: SSN: Name: (First) (Middle) Vic Race: Age: M \square F Wit Statement: Zip: Home: Address Phone: Yes (#, Street, City, State): Bus/School Zip: Bus: Phone Address: Relative/Contact Relative/ Phone: Address: Contact Name Name: (Last) (First) (Middle) Vic Race: Age: DOB: SSN: Wit M F Statement: Address Zip: Home: Yes No (#, Street, City, State): Phone: Bus: Bus/School Zip: Phone: Address: Relative/ Relative/Contact Phone: Contact Name Address: (Middle) DOB: SSN: Sex: Name: (Last) (First) Vic Race: Age: Wit MF Zip: Home: Statement: Address ☐ No Yes (#, Street, City, State): Phone: Zip: Bus: Bus/School Phone Address: Relative/Contact Relative/ Phone: Contact Name Address: SSN: Name: (First) (Middle) Vic Race Sex Age: DOB: (Last) M F Wit Statement: Address Zin: Home: Yes ☐ No Phone: (#, Street, City, State): Bus/School Zip: Bus Phone: Address: Relative/Contact Relative Phone: Contact Name Address: DOB: SSN: (First) (Middle) Vic Race: Sex: Age: Name: (Last) м 🗌 ғ 🔲 Wit Zip: Home: Statement: Address Yes No Phone: (#, Street, City, State): Zip: Bus: Bus/School Phone: Address: Relative/ Relative/Contact Phone: Address: Contact Name **EVIDENCE COLLECTED** Description of Evidence Date Recovered Model Serial/I.D. Number . Drug Amount 08-23-2019 **BWC** (Address) (First) (Phone) Owner Name (Last) Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount 08-23-2019 VIDEO SURVEILLANCE (Phone) Value (Address) Owner Name (Last) (First) Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Model Serial/LD, Number Date Recovered Drug Amount Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Model Serial/I.D. Number Drug Amount Description of Evidence Date Recovered Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Model Serial/I.D. Number Drug Amount Date Recovered Description of Evidence

Arrest

Witness/Victim/Evidence

MARSAN, NECOLE MARIE 8866 VCSO ID Number Investigating Officer Agency