

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

<input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number <b>130030269</b>	
Agency ORI Number <b>FL0640000</b>				Zone # <b>25</b>	Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>
Reported: Day <b>Thursday</b>	Date <b>10-31-2013</b>	Time (mil.) <b>1239</b>	Time Dispatched (mil.) <b>1306</b>	Time Arrived (mil.) <b>1313</b>	Time Completed (mil.) <b>1313</b>
Nature of Call (Report Type) <b>34 Non UCR Sex Offense</b>					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From <b>Tuesday</b>		Date <b>10-29-2013</b>		Time (mil.) <b>1400</b>	
TO <b>Tuesday</b>		Date <b>10-29-2013</b>		Time (mil.) <b>2300</b>	
Occurred During: D - Day N - Night		U - Unknown <b>U</b>			
Offense #1 <b>3</b>		Type <b>3</b>		Statute Violation Number <b>800.04(5)(C)2</b>	
#2		Type		Statute Violation Number	
Description <b>Lewd Lascivious Molestation by Prsn. 18 YO</b>		A - Attempted C - Committed <b>C</b>			
Incident Location (Street, Apt. Number) <b>XXXX</b>		City <b>DELAND</b>		Zip <b>32720</b>	
Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No <b>2</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>2</b>	Forced Entry 1. Yes 3. Attempted 2. No
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No	
Location Type <b>01</b>	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other				
V/W Code V-Victim W-Witness R-Reporting Person		N-Next of Kin O-Other		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	
4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other	
P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian		O-Oriental/Asian U-Unknown	
Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County		3. Florida 4. Out-of-State	
Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.	
Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	
09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child	
B-Sibling O-Other Family H-Co-Habitant		Z-Other			
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 V</b>	# <b>1</b>	V. Type <b>1</b>	Nature of Call (for Victim, if different from Incident) <b>XXXX</b>
Name (Last/Business) <b>XXXX</b>		(First) <b>XXXX</b>			
Address (Street, Apt. Number) <b>XXXX</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32720</b>	Residence Phone
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type Business/School/Other Phone Phone Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>XXXX</b>	Age <b>13</b>	Ethnicity <b>N</b>
Res. Type <b>3</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 O</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>XXXX</b>
Name (Last/Business) <b>XXXX</b>		(First) <b>XXXX</b>			
Address (Street, Apt. Number) <b>XXXX</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32720</b>	Residence Phone
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type Business/School/Other Phone Phone Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>XXXX</b>	Age <b>18</b>	Ethnicity <b>N</b>
Res. Type <b>3</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 R</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>XXXX</b>
Name (Last/Business) <b>XXXX</b>		(First) <b>XXXX</b>			
Address (Street, Apt. Number) <b>XXXX</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32720</b>	Residence Phone <b>XXXX</b>
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type Business/School/Other Phone Phone Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>XXXX</b>	Age <b>45</b>	Ethnicity <b>N</b>
Res. Type <b>3</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 R</b>	# <b>2</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>XXXX</b>
Name (Last/Business) <b>XXXX</b>		(First) <b>XXXX</b>			
Address (Street, Apt. Number) <b>XXXX</b>		City <b>PORT ORANGE</b>	State <b>FL</b>	Zip <b>32128</b>	Residence Phone <b>XXXX</b>
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type Business/School/Other Phone Phone Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>XXXX</b>	Age <b>47</b>	Ethnicity <b>N</b>
Res. Type <b>3</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1 W</b>	# <b>1</b>	V. Type <b>1</b>	Nature of Call (for Victim, if different from Incident) <b>XXXX</b>
Name (Last/Business) <b>XXXX</b>		(First) <b>XXXX</b>			
Address (Street, Apt. Number) <b>XXXX</b>		City <b>DELAND</b>	State <b>FL</b>	Zip <b>32720</b>	Residence Phone <b>XXXX</b>
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type Business/School/Other Phone Phone Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>XXXX</b>	Age <b>15</b>	Ethnicity <b>N</b>
Res. Type <b>3</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship

# INCIDENT REPORT (CONT.)

Offense Indicator 1. #1 2. #2	3. Both	1	Subject Code S-Suspect D-Defendant	V-Victim (Missing Person)	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity																					
					S	1	3	DELLECHIAIE		DENNIS	P	W	M	N																				
Date of Birth		Age		To Age	Height		To Height	Weight		To Weight	Eye Color		Hair Color		Maiden Name																			
06-13-1943		70			5' 10"			180			BRO		GRY																					
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													
2374 BEN FRANKLIN DR								DELAND			FL			32720			H		(732) 299-0811		C													
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																			
FL					XXXX					XXXX																								
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?					Warrant From:				
																				1. Yes 2. No					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					6. Disaster					Foul Play Suspected?					Missing Before?					Fingerprints Available?					Photo Available?					Dental Record Available?				
1. Runaway					Victim					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No									
2. Parents					Adult					8. Unknown					8. Unknown					2. No					2. No									
3. Involuntary					8. Unknown																													
4. Disabled																																		
5. Endangered																																		
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.																																		

Offense Indicator 1. #1 2. #2	3. Both	1	Subject Code S-Suspect D-Defendant	V-Victim (Missing Person)	Code	#	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity																					
					S	1	3	DELLECHIAIE		DENNIS	P	W	M	N																				
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?					Warrant From:				
																				1. Yes 2. No					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					6. Disaster					Foul Play Suspected?					Missing Before?					Fingerprints Available?					Photo Available?					Dental Record Available?				
1. Runaway					Victim					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No					1. Yes 2. No									
2. Parents					Adult					8. Unknown					8. Unknown					2. No					2. No									
3. Involuntary					8. Unknown																													
4. Disabled																																		
5. Endangered																																		
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.																																		

1 On the above date and time, Deputy Warensford responded to XXXX N Woodland Blvd, Deland in reference to a disturbance.

2

3 Upon arrival, Deputy Warensford made contact with XXXXXXXXX(R1) who advised he found out information on his child, XXXXXXXXXX(O1),

4 being inappropriately touched by Dennis Dellechiaie(S1). (R1) stated he went to the XXXX N Woodland Blvd to confront Dellechiaie on touching

5 his son's penis on or about 10/29/2013. (R1) advised his sister, XXXXX(R2), informed him that on or about 10/29/2013 Dellechiaie went into

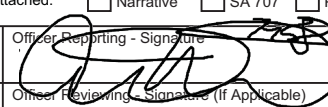
6 (O1)'s room while he was sleeping and touched him inappropriately. (R2) responded to scene to detail these events of (O1) being touched

7 on the penis by Dellechiaie. (R2) stated to Deputy Warensford that on or about 10/29/2013,(O1) texted her stating he had to talk to her about

8 something important. (O1) then told (R2) that while he was sleeping, Dellechiaie came into his room and began to take off his pajama

9 bottoms. Dellechiaie then began to touch (O1)'s penis and chest in a sexual manner, and when (O1) asked Dellechiaie what he was

10 doing, Dellechiaie said I'm just making sure your OK. (O1) then pushed Dellechiaie off of him then Dellechiaie left the room. (O1) was

Final Case Status:	1	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	Date:	By:	
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel				
Connecting Report Number		Agency		Additional Forms Attached:			
13-30270		VCSSO		<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		Officer Reporting - Signature		ID. Number		Unit	Date
Warensford, Austin				7958		1C24	10-31-2013
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		ID. Number		Unit	Date

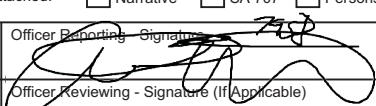
# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVENT	Report Date 10-31-2013	Report Time 1239	Orig. Reported Date 10-31-2013	Nature of Call (for Incident) <b>34</b>	Agency Report Number 130030269	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11 not on scene during this incident and could not give a statement of the events that took place. (R1) completed a statement detailing the events  
 12 that took place.  
 13  
 14 (R2) also stated on or about 10/29/2013, Dellechiaie forced himself onto XXXXXXXX(V1) and touched her on her chest inappropriately. (R2)  
 15 advised Dellechiaie often goes to XXXXXXXX, Deland where (V1) lives to take out the dogs. (R2) advised she spoke with (V1) who stated on  
 16 or about 10/29/2013, Dellechiaie came over to her residence to take out her dogs. While Dellechiaie was at the residence, (V1) stated  
 17 Dellechiaie mad ea comment about her breasts looking bigger. (V1) then stated to (R2), Dellechiaie began to forcefully put his hands down the  
 18 front of (V1)'s shirt. (V1) also advised at one point Dellechiaie attempted to stick his hand down the front of her pants, but (V1) got up and  
 19 walked away from Dellechiaie. (R2) stated that (V1) admitted all these events to her. (V1) was not on scene at this time to give her statement  
 20 of the incident. (R2) completed a sworn written statement of the events that took place.  
 21  
 22 XXXXXXXX(W1) who was also on scene, stated (V1) had told her approximately 3 months prior to this incident Dellechiaie had touched her  
 23 inappropriately in different places. (W1) stated that (V1) told her that she did not tell anyone because she was embarrassed. (W1)  
 24 completed a sworn written statement detailing the events that were revealed to her.  
 25  
 26 During a consensual encounter with VCISO Investigators, Dellechiaie admitted to rubbing his hand across (V1)'s chest. Dellechiaie also  
 27 admitted to grabbing and rubbing (O1)s penis. Dellechiaie also stated that he was suicidal and if he had the chance he would hurt himself  
 28 during the interview.  
 29  
 30 No further action was taken by Deputy Warensford at this time.  
 31  
 32 Dellechiaie was transported to VCBJ without incident.  
 33  
 34 Case Status: Arrest/Adult

Final Case Status: <u>1</u>	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	Date: _____ By: _____
<input type="checkbox"/> CAC	Spoke With: _____	<input type="checkbox"/> FCIC / NCIC Cancel		
Connecting Report Number <b>13-30270</b>	Agency <b>VCISO</b>	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 <b>Warensford, Austin</b>	Officer Reporting - Signature 	ID. Number <b>7958</b>	Unit <b>1C24</b>	Date <b>10-31-2013</b>
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: <u>FL0640000</u>	Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>	Agency Case Number: <u>130030269</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>10-31-2013</u> Time of Arrest: <u>1536</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>Boulevard Motel DELAND FL</u>		Arrested By: <u>Campbell, Robert</u>	ID Number: <u>7103</u>

<b>DEFENDANT</b>		NAME (Last) (First) (Middle) <u>Dellechiaie Dennis P</u>		A.K.A.:	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>06-13-1943</u>	Age: <u>70</u>	Driver's Lic.:	State: <u>FL</u> Year: _____ S.S.# - _____	P.O.B. (City, State, Country): <u>MA</u>	
Height: <u>5' 10"</u>	Weight: <u>170</u>	Hair: <u>GRY</u>	Eyes: <u>BRO</u>	Statement: Yes <input checked="" type="checkbox"/> No <input 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"/>	
Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE		<u>2374 Ben Franklin Road DELAND FL _____</u>	
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			

<b>CHARGES</b>	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input checked="" type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	DUI <input type="checkbox"/>	Total Charges: <u>1</u>
#1 Charge: <u>Lewd Lascivious Molestation by Prsn. 18 YO</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>800.04(5)(B)</u>	Citation No.:	Bond: <u>NO BOND</u>				
#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:				

<b>CO-DEFENDANT</b>	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 30 day of October, 2013, at approximately 0800  a.m.  p.m. at DELAND within Volusia County, violated the law and did then and there:

1 On 10/31/2013 at approx. 1400 hours, Investigators Campbell and Cobb responded to YYYYYYYYYYYYYY Deland in reference to an alleged Sex  
2 offense that occurred at YYYYYYYYYYYYYYYY, Deland.  
3  
4 Upon arrival, Investigators met with QJD who advised that her relative - QJF advised her that Dennis Dellechiaie had been making  
5 sexual advances on him and was making him very uncomfortable. At some point, QJF decided to turn on a recorder during the next encounter.  
6 QJD played a part of the recording and from what Inv. Campbell could hear, Dellechiaie advise QJF that he would take out his teeth and that he  
7 would like to taste him.  
8  
9 Inv. Campbell entered into a consensual encounter with Dellechiaie - he advised Law enforcement that he did make advances on QJF  
10 Dellechiaie stated that he did touch QJF's penis, under his pajamas. In addition, he advised that he touched QJF across her chest/breast.  
11  
12 During the above interview, QJD advised Inv. Campbell that there was another family member alleging that Dellechiaie touched her inappropriately.  
13 QJD stated that her 15 year old cousin - QXF stated that Dellechiaie touched her breast. Deputy Edgecomb was dispatched to  
14 YYYYYYYYYYYY Middle School to make contact with QXF  
15

<b>NOTICE TO APPEAR</b>	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 _____	JUVE DISP. CITATION No. _____
	RELATIONSHIP TO JUVENILE _____	

Sworn to and subscribed before me, the undersigned this <u>31</u> day of <u>October</u> , <u>2013</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	<u>CAMPBELL, ROBERT</u> <u>7103</u> NAME (PRINTED) ID NUMBER	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	Type of Identification: _____	

**OFFICIAL USE ONLY** Inmate Number & Facility:

**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

**Court Case Number:**

Defendant (Last) (First) (Middle) Agency Case  
 Name: Dellechiaie Dennis P Number: 130030269

CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input checked="" type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 1
#	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 In a recorded interview, (V1) advised that Dellechiaie has made several advances on her in the past, however on 10/30/2013 he took it a step  
 17 further. She stated that she stayed home from school sick. Furthermore, she explained that she was lying on the sofa when Dellechiaie made a  
 18 statement about how her breast looked and asked if he could see them - (V1) stated no. (V1) then stated that Dellechiaie walked around the sofa  
 19 and made an attempt to go up (V1)s clothing, she advised she stopped him. Dellechiaie then left the room.  
 20  
 21 While Law enforcement was with Dellechiaie, he advised that he wanted to kill himself. He further advised that when or if he had a  
 22 chance, he would follow through with harming himself.  
 23  
 24 All interviews with Dellechiaie, (V1) and (R2) were recorded and submitted to evidence for safe keeping.

Sworn to and subscribed before me, the undersigned  
 this 31 day of October, 2013  
 Name: *Chg. H. Brown 2328*

I swear/affirm the above statements are correct and true

*[Signature]*

Right Thumb

Notary Public  Law Enforcement Officer   
 Personally Known  Produced Identification   
 Type of Identification:

OFFICER'S/COMPLAINANT'S SIGNATURE  
 CAMPBELL, ROBERT 7103  
 NAME (PRINTED) ID NUMBER