

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input 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 140029406	
Agency ORI Number FL0640000				Zone # 33	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2
Reported: Day Wednesday	Date 10-29-2014	Time (mil.) 2320	Time Dispatched (mil.) 2337	Time Arrived (mil.) 2356	Time Completed (mil.) 0103
Nature of Call (Report Type) 34 Non UCR Sex Offense					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From Tuesday		Date 10-28-2014		Time (mil.) 0500	
TO Day Wednesday		Date 10-29-2014		Time (mil.) 2200	
Occurred During: D - Day U - Unknown N - Night D					
Offense #1 1		Type 1		Statute Violation Number 794.011(4)	
#2 		Type 		Statute Violation Number 	
Description Sex Battery - Victim 18 YOA or Older with		Description 		A - Attempted C - Committed C	
A - Attempted C - Committed 		Description 		A - Attempted C - Committed 	
Incident Location (Street, Apt. Number) 1300 Red John Rd					
City DAYTONA BEACH			Zip 32117		
Business Name / Area Identifier VCBJ		# Prem. Entered 	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No
Arson-Inhabited 1. Occupied 2. Unoccupied 		3. Abandoned 		Arson-Attempted 1. Yes 2. No 	
Location Type 19	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. N/A 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 1		V/W Code V	# 1	V. Type 3	Nature of Call (for Victim, if different from Incident) XXXXXXXXXX
Address (Street, Apt. Number) XXXXXXXXXXXXXXXX		City XXXXXX	State XX	Zip XXXXX	Residence Phone (XXX) XXX-XXXX
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 Inmate at VCBJ		
If Victim Type 1, 2, or 3 	Race B	Sex M	Date of Birth XX-XX-XXXX	Age 19	Ethnicity N
Res. Type 1	Res. Status 1	Means of Attack H	Extent of Injury 10	Domestic Violence 2	Relationship
Offense Indicator 1. #1 2. #2 3. Both 		V/W Code 	# 	V. Type 	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) 		City 	State 	Zip 	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 	Sex 	Date of Birth 	Age 	Ethnicity
Res. Type 	Res. Status 	Means of Attack 	Extent of Injury 	Domestic Violence 	Relationship
Offense Indicator 1. #1 2. #2 3. Both 		V/W Code 	# 	V. Type 	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) 		City 	State 	Zip 	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 	Sex 	Date of Birth 	Age 	Ethnicity
Res. Type 	Res. Status 	Means of Attack 	Extent of Injury 	Domestic Violence 	Relationship
Offense Indicator 1. #1 2. #2 3. Both 		V/W Code 	# 	V. Type 	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) 		City 	State 	Zip 	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 	Sex 	Date of Birth 	Age 	Ethnicity
Res. Type 	Res. Status 	Means of Attack 	Extent of Injury 	Domestic Violence 	Relationship

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity	
	1		S 1	3	Prince Khaliyfa K	B	M	N	
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name		
	06-13-1966	48	6' 00"	205	BRO	BLK			
	Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation	
						NY			
	Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type	
	1225 S Ridgewood Av				DAYTONA BEACH	FL	32117	H	
	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 K-410-671-66-213-0			XXX-XX-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 Victim		Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (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?	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 Victim		Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No	1. Yes 2. No	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.								

1 On October 29, 2014 Deputy Wheeler responded to the Volusia County Branch Jail located at 1300 Red John Dr, Daytona Beach, in reference to
 2 a sexual battery involving inmates. Upon arrival Deputy Wheeler contacted Capt Sophie who advised there was an incident between two inmates
 3 that occurred on 10/28/14, however, the incident was not reported to correctional staff until 2200 hrs on 10/29/14. Capt Sophie advised the
 4 incident was sexual in nature and involved inmates Prince K. Khaliyfa (S1) (A Sexual Predator) and XXXXXXXXXXXX (V1).
 5
 6 Deputy Wheeler contacted XXXXXX who advised that around 5:00 am on 10/28/14 he was in his cell block cot sleeping when he was awoken by
 7 Khaliyfa. Khaliyfa had his pants pulled down exposing his penis and said to XXXXXX, " Suck my dick". XXXX advised he told Khaliyfa no at which
 8 time Khaliyfa grabbed the back of XXXX's head and forced his head towards his penis. XXXX stated he then pushed Khaliyfa away, however, not
 9 before Khaliyfa's penis came into contact with XXXXX's closed lips. XXXX advised Khaliyfa let go of his head after being pushed away and left his
 10 area. XXXX advised he did not report the incident sooner to correctional officers due to him being scared. XXXX advised there were no witnesses

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 checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statements</u>		
	Officer Reporting - Printed		Officer Reporting - Signature		ID. Number
	Wheeler, Timothy				8076
	Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)		Unit
					1C34
					Date
					10-30-2014
					Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date 10-29-2014	Report Time 2320	Orig. Reported Date	Nature of Call (for Incident) 34	Agency Report Number 140029406	1.Original	2.Supplement	1
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11 that observed the incident. XXXXX completed a written sworn statement of the incident and advised he wished to pursue charges.

12

13 Deputy Wheeler then contacted Khaliyfa who advised XXXX has mental issues and stated he knew XXXX from outside of the jail due to him being

14 a prostitute on Ridgewood Av in Daytona Beach. Khaliyfa stated he had no involvement with XXXXX in reference to his sexual battery complaint.

15 Khaliyfa completed a written sworn statement of the incident.

16

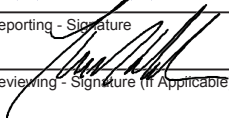
17 There was no video surveillance of the incident according to Capt Sophie, and no witnesses. This complaint affidavit is being completed per the

18 request of XXXXX.

19

20 Case Status; Pending awaiting action taken by State Attorneys Office in reference to this complaint affidavit.

NARRATIVE / CONTINUATION

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	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>Statements</u>			
Officer Reporting - Printed <u>Wheeler, Timothy</u>	Officer Reporting - Signature 		ID. Number <u>8076</u>	Unit <u>1C34</u>	Date <u>10-30-2014</u>
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 type="checkbox"/>		NOTICE TO APPEAR <input type="checkbox"/>		AFFIDAVIT <input checked="" 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>140029406</u>		FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		U.C.R.:		Date Arrested:		Time of Arrest:	
ADDRESS OF ARREST (Street, City, State, Zip):										Arrested By:		ID Number:			
DEFENDANT		NAME (Last) <u>Prince</u>		(First) <u>Khaliyfa</u>		(Middle) <u>K</u>		A.K.A.:		Sex: <u>M</u>		Race: <u>B</u>			
DOB: <u>06-13-1966</u>		Age: <u>48</u>		Driver's Lic./ID No.: <u>K-410-671-66-213-0</u>		State: <u>FL</u>		Year Expires:		S.S.# - <u>XXX-XX-XXXX</u>					
Height: <u>6' 00</u>		Weight: <u>205</u>		Hair: <u>BLK</u>		Eyes: <u>BRO</u>		P.O.B. (City, State, Country): <u>NY</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 checked="" type="checkbox"/> No <input 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): <u>1225 S Ridgewood Av</u>		(CITY) <u>DAYTONA BEACH</u>		(STATE) <u>FL</u>		ZIP CODE <u>32117</u>		RESIDENCE PHONE							
Address - Local (STREET, APT. NUMBER): <u>1300 Red John Dr</u>		(CITY) <u>DAYTONA BEACH</u>		(STATE) <u>FL</u>		ZIP CODE <u>32117</u>		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 checked="" 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>Sex Battery - Victim 18 YOA or older</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>794.011(4)</u>		Citation 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 28 day of October, 2014, at approximately 0500 a.m. p.m.

at 1300 Red John Dr DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On October 29, 2014 Deputy Wheeler responded to the Volusia County Branch Jail located at 1300 Red John Dr, Daytona Beach, in reference to a
 2 sexual battery involving inmates. Upon arrival Deputy Wheeler contacted Capt Sophie who advised there was an incident between two inmates that
 3 occurred on 10/28/14, however the incident was not reported to correctional staff until 2200 hrs on 10/29/14. Capt Sophie advised the incident was
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 6 Deputy Wheeler contacted XXXXX who advised that around 5:00 am on 10/28/14 he was in his cell block cot sleeping when he was awakened by
 7 Khaliyfa. Khaliyfa had his pants pulled down exposing his penis and said to XXXX, " Suck my dick". XXXX advised he told Khaliyfa no, at which time
 8 Khaliyfa grabbed the back of XXXXX's head and forced his head towards Kaliyfa's penis. XXXXX stated he then pushed Khaliyfa away, however not
 9 before Khaliyfa's penis came into contact with XXXXX's closed lips. XXXXX advised Khaliyfa let go of his head after being pushed away and left his
 10 area. XXXXX advised he did not report the incident sooner to correctional officers due to him being scared. XXXXX advised there were no witnesses
 11 that observed the incident. XXXXX completed a written sworn statement of the incident and advised he wished to pursue charges.
 12
 13 Deputy Wheeler then contacted Khaliyfa who advised XXXXX has mental issues and stated he knew XXXX from outside of the jail due to him being a
 14 prostitute on Ridgewood Av in Daytona Beach. Khaliyfa stated he had no involvement with XXXXX in reference to his sexual battery complaint.
 15 Khaliyfa completed a written sworn statement of the incident.

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		JUVE DISP. CITATION No.	
				RELATIONSHIP TO JUVENILE			

Sworn to and subscribed before me, the undersigned this <u>30</u> day of <u>October</u> , <u>2014</u>		I swear/affirm the above statements are correct and true		Rt Thumb	
Name: <u>[Signature]</u>		<u>[Signature]</u>			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		<u>WHEELER, TIMOTHY</u>		<u>8076</u>	
Type of Identification: _____		NAME (PRINTED)		ID NUMBER	

OFFICIAL USE ONLY

Inmate Number & Facility:

Narrative Supplement 707-B

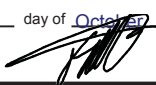
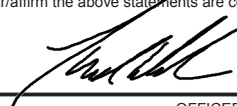
Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Prince	(Last)	Khaliyfa	(First)	K	(Middle)	Agency Case Number: 140029406
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CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input checked="" 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
 17 There was no video surveillance of the incident according to Capt Sophie and no witnesses. This SA-707 complaint affidavit is being completed per
 18 the request of XXXXX and forwarded to the State Attorney for review.
 19
 20 Case Filed: SA-707 to State Attorney's Office

Sworn to and subscribed before me, the undersigned this <u>30</u> day of <u>October</u> , 2014 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"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	WHEELER, TIMOTHY NAME (PRINTED)	
	8076 ID NUMBER	