

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 180022012		
Agency ORI Number FL0640000				Zone # 42	Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2	
Reported: Day Thursday		Date 09-20-2018	Time (mil.) 1105	Time Dispatched (mil.) 1105	Time Arrived (mil.) 1105	Time Completed (mil.) 1223
Nature of Call (Report Type) FRAUD Fraud						
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Monday	Date 09-10-2018	Time (mil.) 1105
TO Thursday	Date 09-20-2018	Time (mil.) 1223	Occurred During: D - Day U - Unknown N - Night N			
Offense #1 1		Type 1	Statute Violation Number 831.09	Description Pass Counterfeit Bank Bill/Note/Check/Draf		A - Attempted C - Committed C
Offense #2 1		Type 1	Statute Violation Number 812.014(2)(C)1	Description Grand Theft - \$300 - < \$5,000		A - Attempted C - Committed C
Incident Location (Street, Apt. Number) 1300 RED JOHN DR						
City DAYTONA BEACH			Zip 32124			
Business Name / Area Identifier BRANCH JAIL		# Prem. Entered 0	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 2. No 3. Attempted	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. 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 3	# 1	V. Type 5	Nature of Call (for Victim, if different from Incident) VOLUSIA COUNTY DOC	
Address (Street, Apt. Number) 1300 RED JOHN DR		City DAYTONA BEACH FL	State FL	Zip 32124	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 VICTIM OF FRAUD		
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 3	# 0	V. Type 1	Nature of Call (for Victim, if different from Incident) POSSIBLE COUNTERFEIT CHECK DISTRIBUTER	
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 POSSIBLE COUNTERFEIT CHECK DISTRIBUTER		
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 3
Subject Code: S-Suspect V-Victim D-Defendant (Missing Person) D 1 3
Name (Last) (First) (Middle): ATHEY RYAN C
Race Sex Ethnicity: W M N
Date of Birth: 11-28-1983
Age To Age Height To Height Weight To Weight Eye Color Hair Color: 34 5' 11 265 BLU BRO
Maiden Name:
Nickname / Street Name: MONTGOMERY
Place of Birth - City County State: PA
Employer/Other/School:
Occupation: LABORER
Last Known Address (Street, Apt. Number) City State Zip Address Type Phone Phone Type: 596 COLLINS ST DAYTONA BEACH FL 32174 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: WV F273760
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 1 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 3. Unknown Missing Before? 1. Yes 2. No 3. 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 3.Both 2.#2
Subject Code: S-Suspect V-Victim D-Defendant (Missing Person)
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 3. Unknown Missing Before? 1. Yes 2. No 3. 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
1 BWC recording
2
3 On 09/20/2018 at 1103 hours, Deputy Erlandson received a phone call from Lt Shaw with the Volusia County Branch Jail. Lt Shaw informed
4 Deputy Erlandson that an inmate, later identified as Ryan Athey (D1), had been brought in on 09/10/2018 and was in possession of a fraudulent
5 check matching the checks reference VCSO case number 18-21901. Lt Shaw advised Deputy Erlandson that Jail personnel had not caught the
6 fraud in time and the funds had been deposited in Athey's account. Athey had already spent the funds (\$350.24) when the fraud was observed. Lt.
7 Shaw provided Deputy Erlandson with a copy of the check possessed by Athey, which matched the checks cashed in case 18-21901,
8
9 The only difference between the checks were the check numbers.
10 Deputy Erlandson contacted Athey at the Volusia County Correctional Facility. Deputy Erlandson read Athey his constitutional rights off of an

ADMINISTRATIVE
Final Case Status: 1
Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded
Victim Advocate Triad SA Referral
DCF Hotline CAC Date: Time: FCIC / NCIC Entry T.T. BOLO Date: By:
FCIC / NCIC Cancel
Connecting Report Number Agency: 18-21901 VCSO
Additional Forms Attached: Narrative SA 707 Persons Property Veh./Tow Sheet Other Describe:
Officer Reporting - Printed: Erlandson, Patrick
Officer Reporting - Signature:
ID. Number: 8745
Unit: 1B33
Date: 09-20-2018
Officer Reviewing - Printed (If Applicable):
Officer Reviewing - Signature (If Applicable):
ID. Number:
Unit:
Date:

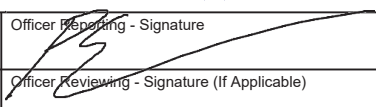
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-20-2018	Report Time 1105	Orig. Reported Date 09-20-2018	Nature of Call (for Incident) FRAUD	Agency Report Number 180022012	1.Original 2.Supplement	1
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11 agency issued Miranda Warnings card. Athey indicated he understood his rights and wished to speak to Deputy Erlandson without a lawyer
 12 present. Athey advised Deputy Erlandson that he knew the check was fake, which is why he never attempted to cash it prior to being taken into
 13 custody. Athey claimed he never asked Jail staff for the check to be deposited, but never stated to jail staff the check was fraudulent. It should be
 14 noted that Athey spent all funds deposited in the account prior to the fraud being discovered. Deputy Erlandson advised Athey that he was under
 15 arrest for uttering a forgery and grand theft.
 16 [REDACTED]
 17 [REDACTED] Athey
 18 provided no further information reference the incident. The interview with Athey was recorded on Deputy Erlandson's BWC recording.
 19
 20 Deputy Erlandson later submitted the copy of the check cashed by Athey into the District 3 North evidence locker.
 21
 22 Deputy Erlandson's BWC recording was later uploaded to the digital evidence database.
 23
 24 Case Status: Unchanged

NARRATIVE / CONTINUATION

ADMINISTRATIVE	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:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number 18-21901	Agency VC SO	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed Erlandson, Patrick	Officer Reporting - Signature 		ID. Number 8745	Unit 1B33	Date 09-20-2018
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 4

ARREST <input checked="" type="checkbox"/>		NOTICE TO APPEAR <input type="checkbox"/>		AFFIDAVIT <input type="checkbox"/>		C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/>		JUVENILE <input type="checkbox"/>		Court Case Number:			
(ORI) FL: <u>FL0640000</u>		Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Agency Case Number: <u>180022012</u>		FCIC/NCIC Check? <input type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		U.C.R.:		Date Arrested: <u>09-20-2018</u>		Time of Arrest: <u>1147</u>	
ADDRESS OF ARREST (Street, City, State, Zip): <u>1300 RED JOHN DR DAYTONA BEACH FL 32124</u>								Arrested By: <u>Erlandson,Patrick</u>				ID Number: <u>8745</u>			
DEFENDANT		NAME (Last) <u>ATHEY</u>		(First) <u>RYAN</u>		(Middle) <u>C</u>		A.K.A.:		Sex: <u>M</u>		Race: <u>W</u>			
DOB: <u>11-28-1983</u>		Age: <u>34</u>		Driver's Lic./ID No.: <u>F273760</u>		State: <u>WV</u>		Year Expires:		S.S.# -		[REDACTED]			
Height: <u>5' 11</u>		Weight: <u>265</u>		Hair: <u>BRO</u>		Eyes: <u>BLU</u>		P.O.B. (City, State, Country): <u>MONTGOMERY PA</u>		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Scars, Marks, Tattoos:		Business & Occupation: <u>LABORER</u>		Occupation: <u>LABORER</u>		English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input type="checkbox"/>		Probation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address - Mailing/Permanent (STREET, APT. NUMBER): <u>596 COLLINS ST</u>				(CITY) <u>DAYTONA BEACH</u> (STATE) <u>FL</u> ZIP CODE <u>32174</u>				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: <u>2</u>	
#1	Charge: <u>Pass Counterfeit Bank Bill/Note/Check/Draf</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>831.09</u>		Citation No.:		Bond: <u>2500</u>									
#2	Charge: <u>Grand Theft - \$300 - < \$5,000</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>812.014(2)(C)1</u>		Citation No.:		Bond: <u>2500</u>									
#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 20 day of September, 2018, at approximately 1105 a.m. p.m. at 1300 RED JOHN DR DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On 09/20/2018 at 1103 hours, Deputy Erlandson received a phone call from Lt Shaw with the Volusia County Branch Jail. Lt Shaw informed Deputy Erlandson that an inmate, later identified as Ryan Athey (D1), had been brought in on 09/10/2018 and was in possession of a fraudulent check matching the checks reference VCSO case number 18-21901. Lt Shaw advised Deputy Erlandson that Jail personnel had not caught the fraud in time and the funds had been deposited in Athey's account. Athey had already spent the funds (\$350.24) when the fraud was observed. Lt. Shaw provided Deputy Erlandson with a copy of the check possessed by Athey, which identically matched the checks cashed in case 18-21901, [REDACTED]

2 Deputy Erlandson contacted Athey at the Volusia County Correctional Facility. Deputy Erlandson read Athey his constitutional rights off of an agency issued Miranda Warnings card. Athey indicated he understood his rights and wished to speak to Deputy Erlandson without a lawyer present. Athey advised Deputy Erlandson that he knew the check was fake, which is why he never attempted to cash it prior to being taken into custody. Athey claimed he never asked Jail staff for the check to be deposited, but never stated to jail staff the check was fraudulent. It should be noted that Athey spent all funds deposited in the account prior to the fraud being discovered. Deputy Erlandson advised Athey that he was under arrest for uttering a forgery and grand theft. [REDACTED]

[REDACTED] Athey provided no further information

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	
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN				Date		JUVE DISP. CITATION No.	

Sworn to and subscribed before me, the undersigned this <u>20</u> day of <u>September</u> , <u>2018</u> , Name: <u>Sgt. Savercool 1305</u>		I swear/affirm the above statements are correct and true		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		ERLANDSON, PATRICK REILLY		8745	
Type of Identification: <u>SGT T. SAVERCOOL</u>		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 (Last) (First) (Middle) Agency Case
 Name: ATHEY RYAN C Number: 180022012

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"/>	Total Charges: 2
#	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 reference the incident. The interview with Athey was recorded on Deputy Erlandson's BWC recording.
 17 Deputy Erlandson later submitted the copy of the check cashed by Athey into the District 3 North evidence locker.
 18
 19 Deputy Erlandson's BWC recording was later uploaded to the digital evidence database.
 20
 21 Case Status: Unchanged

Sworn to and subscribed before me, the undersigned
 this 20 day of September, 2018,
 Name: Sgt. Lawrence 1345

I swear/affirm the above statements are correct and true



Right Thumb

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

OFFICER'S/COMPLAINANT'S SIGNATURE
ERLANDSON, PATRICK REILLY
 NAME (PRINTED)
8745
 ID NUMBER