

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

<b>EVENT DATA</b>	<input type="checkbox"/> Juvenile <input type="checkbox"/> Hate Crime <input type="checkbox"/> Gang <input type="checkbox"/> Elderly Abuse / Exploitation <input type="checkbox"/> Domestic Violence      VOR _____ <input type="checkbox"/> Endangered / Other _____		Agency Report Number <b>180021901</b>																				
	Agency ORI Number <b>FLO640000</b>		Zone # <b>35</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>																			
	Reported: Day <b>Wednesday</b>	Date <b>09-19-2018</b>	Time (mil.) <b>1435</b>	Time Dispatched (mil.) <b>1439</b>	Time Arrived (mil.) <b>1459</b>	Time Completed (mil.) <b>1627</b>	Nature of Call (Report Type) <b>FRAUD Fraud</b>																
	Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From <b>Sunday</b>	Date <b>09-16-2018</b>	Time (mil.) <b>1800</b>	TO	Day <b>Wednesday</b>	Date <b>09-19-2018</b>	Time (mil.) <b>1435</b>	Occurred During: D - Day N - Night	U - Unknown <b>U</b>								
Offense #1	Type <b>1</b>	Statute Violation Number <b>831.09</b>		Description <b>Pass Counterfeit Bank Bill/Note/Check/Draf</b>				A - Attempted C - Committed <b>C</b>															
Offense #2	Type <b>1</b>	Statute Violation Number <b>812.014(2)(C)1</b>		Description <b>Grand Theft - \$300 - &lt; \$5,000</b>				A - Attempted C - Committed <b>C</b>															
Incident Location (Street, Apt. Number) <b>3624 W INTL SPEEDWAY BLVD</b>												City <b>DAYTONA BEACH</b>		Zip <b>32124</b>									
Business Name / Area Identifier <b>CHEVRON</b>			# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No <b>0</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>0</b>	Forced Entry 1. Yes 3. Attempted 2. No	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No															
Location Type <b>06</b>	Location Type Codes 01. Residence-Single    05. Convenience Store    09. Supermarket    13. Bank/Financial Inst.    17. Gov't/Public Bldg.    21. Airport    25. Parking Lot/Garage    29. Motor Vehicle 02. Apartment/Condo    06. Gas Station    10. Dept/Discount Store    14. Commercial/Office Bldg.    18. School/University    22. Bus/Rail Terminal    26. Highway/Roadway    30. Other Mobile 03. Residence/Other    07. Liquor Sales    11. Specialty Store    15. Industrial/Mfg.    19. Jail/Prison    23. Construction Site    27. Park/Woodlands/Field    88. Unknown 04. Hotel/Motel    08. Bar/Nightclub    12. Drug Store/Hospital    16. Storage    20. Religious Bldg.    24. Other Structure    28. Lake/Waterway    99. Other																						
V/W Code V-Victim    N-Next of Kin W-Witness    O-Other R-Reporting Person		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    O-Oriental/Asian B-Black    U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA    3. Florida 1. City    4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident					
Means of Attack F-Firearm    O-Other Dangerous K-Knife/Cutting Inst.    H-Hands, Fists, Feet, Etc.			Extent of Injury 00. N/A    03. Laceration    06. Poss. Internal Injury    09. Abrasions/Bruises 01. Gunshot    04. Unconscious    07. Loss of Teeth    10. No Visible Injury 02. Stabbed    05. Poss. Broken Bones    08. Burns    99. Other Serious Injury			Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse    B-Sibling    Z-Other P-Parent    O-Other Family C-Child    H-Co-Habitant															
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>1</b>	# <b>1</b>	V. Type <b>4</b>	Nature of Call (for Victim, if different from Incident) <b>CHEVRON</b>			Name (Last/Business) <b>CHEVRON</b>		(First)		(Middle)											
Address (Street, Apt. Number) <b>3624 W INTL SPEEDWAY BLVD</b>												City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32124</b>		Residence Phone <b>(386) 788-3350</b>					
Business/School/Other Address (Street, Apt. Number) <b>SAME AS ABOVE</b>												City		State		Zip		Address Type <b>B</b>		Business/School/Other Phone		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.) <b>NO EMAIL PROVIDED</b>						Synopsis of Involvement <b>STORE OWNER</b>																	
If Victim Type 1, 2, or 3	Race <b>U</b>	Sex <b>F</b>	Date of Birth <b>04-01-1968</b>	Age <b>50</b>	Ethnicity <b>U</b>	Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship												
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>KAVR</b>			Name (Last/Business) <b>KAVR</b>		(First)		(Middle)											
Address (Street, Apt. Number) <b>3624 W INTL SPEEDWAY BLVD</b>												City <b>DAYTONA BEACH FL</b>		State <b>FL</b>		Zip <b>32124</b>		Residence Phone <b>(386) 788-3350</b>					
Business/School/Other Address (Street, Apt. Number) <b>SAME AS ABOVE</b>												City		State		Zip		Address Type <b>B</b>		Business/School/Other Phone		Phone Type	
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Offense Indicator 1. #1    3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)			Name (Last/Business)		(First)		(Middle)											
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																	
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Offense Indicator 1. #1    3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)			Name (Last/Business)		(First)		(Middle)											
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												

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

# 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 # S 1 3	Subj. Type	Name (Last) <b>KORECKY</b>	(First) <b>TIMOTHY</b>	(Middle) <b>JOHN</b>	Race <b>W</b>	Sex <b>M</b>	Ethnicity <b>N</b>	
	Date of Birth <b>11-04-1998</b>	Age <b>19</b>	To Age	Height <b>5' 11</b>	To Height	Weight <b>145</b>	To Weight	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Maiden Name	
	Nickname / Street Name		Place of Birth - City <b>PA</b>			County	State	Employer/Other/School	Occupation		
	Last Known Address (Street, Apt. Number) <b>1236 B AVENUE E</b>				City <b>ORMOND BEACH</b>	State <b>FL</b>	Zip <b>32174</b>	Address Type <b>H</b>	Phone <b>(609) 207-8218</b>	Phone Type <b>C</b>	
	Other Address (Street, Apt. Number)				City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number <b>FL K620810984040</b>			Social Security Number			Other ID Number			ID Type	
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses	
	If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No	
Dental Record Available? 1. Yes 2. No		I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.									

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

**1 BWC recording**

**2**

**3 On 09/19/2018 at 1459 hours, Deputy Erlandson responded to the VCSO Operations center in reference to a fraud which had occurred at the**

**4 Chevron station located at 3624 W Intl Speedway Blvd. Upon arrival, Deputy Erlandson contacted the store owner, Nawoot Kavr (R1), who**

**5 advised the following:**

**6**

**7 Sometime during the night on 09/16/2018, [REDACTED] entered the store and requested to cash a check from Volusia County Department of**

**8 Corrections. [REDACTED] presented the clerk with the check and her driver's license. The clerk positively identified [REDACTED] from her driver's license photograph**

**9 and provided [REDACTED] with \$373.92 in exchange for the check. The next day, Kavr attempted to cash the check with her bank and was informed the**

**10 check was fraudulent. The check was made out to [REDACTED] for the amount of \$373.92. The check was from the "County of Volusia" department of**

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:
	Connecting Report Number	Agency	Additional Forms Attached:	<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> SA 707
Officer Reporting - Printed <b>Erlandson, Patrick</b>	Officer Reporting - Signature 	ID. Number <b>8745</b>	Unit <b>1B33</b>	Date <b>09-19-2018</b>	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	09-19-2018	1435	09-19-2018	FRAUD	180021901		1

NARRATIVE / CONTINUATION

11 corrections. Navr obtained statements from the bank stating the check was fraudulent. Navr's bank did not reimburse her for the amount of the

12 check.

13

14 Sometime on 09/18/2018, Timothy Korecky (S1) entered the store, attempting to cash a check from Volusia County department of corrections.

15 Korecky provided Navr with the check and his driver's license. Navr identified Korecky through his driver's license picture. Due to the previous

16 fraudulent check, Navr contacted her bank before providing Korecky with the currency. After a phone call with her bank and observing the check

17 had the same misspelling ("County of Voulisa"), Navr refused to provide Korecky with the currency or return his driver's license. Korecky fled the

18 store, getting into his red Mazda truck, bearing FL tag IXYJ92. Navr had a clear and unobstructed view of both Korecky and the passenger, who

19 she identified as [REDACTED] from the copy of her driver's license picture from the original transaction. Navr took a picture of the license plate of the

20 vehicle as it left the scene. The check provided by Korecky did not have a memo number.

21

22 Navr provided Deputy Erlandson with a copy of the check cashed by [REDACTED] along with her driver's license, paperwork from the bank detailing that the

23 check cashed by [REDACTED] was fraudulent, the check Korecky attempted to cash, and Korecky's driver's license. Navr completed a sworn written

24 statement detailing her account of the event and indicating she wished to pursue criminal charges.

25

26 Deputy Erlandson attempted to located both Korecky and [REDACTED] with negative results.

27

28 Deputy Erlandson determined probable cause existed to arrest Korecky for uttering a forgery and [REDACTED] for uttering a forgery and grand theft.

29

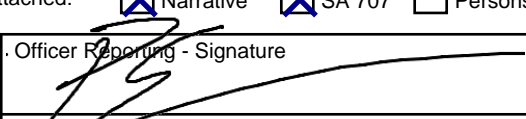
30 Deputy Erlandson later submitted the copy of the check cashed by [REDACTED] and the check cashed by Korecky into the District 3 North evidence locker.

31

32 Deputy Erlandson's BWC recording was later uploaded to the digital evidence database.

33

34 Case Status: Pending contact with S1 and S2

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 <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	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 checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed <b>Erlandson, Patrick</b>	Officer Reporting - Signature 	ID. Number <b>8745</b>	Unit <b>1B33</b>	Date <b>09-19-2018</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	



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

Report No. 180021901  
*1030021 P.E.*

Nature of Call: **FRAUD**  
Confidential:

Report Date: 09-19-2018 Report Time: 1435 District: 03  
Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 4

ARREST <input checked="" 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: FL0640000	Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE	Agency Case Number: 180021901	FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
ADDRESS OF ARREST (Street, City, State, Zip): <i>1300 Red John Dr</i>			Arrested By: <i>D/S P. Erlandson</i>	Date Arrested: <i>09/20/2018</i>	Time of Arrest: <i>0805</i>	ID Number: <i>8745</i>
<b>DEFENDANT</b>		NAME (Last): <b>1 KORECKY</b>	(First): <b>TIMOTHY</b>	(Middle): <b>JOHN</b>	A.K.A.:	Sex: <b>M</b> Race: <b>W</b>
DOB: <b>11-04-1998</b>	Age: <b>19</b>	Driver's Lic./ID No.: <b>K620810984040</b>	State: <b>FL</b>	Year Expires:	S.S.#:	
Height: <b>5' 11</b>	Weight: <b>145</b>	Hair: <b>BRO</b>	Eyes: <b>BRO</b>	P.O.B. (City, State, Country): <b>PA</b>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos:	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: <b>1236 B AVENUE E</b>		(CITY): <b>ORMOND BEACH</b>	(STATE): <b>FL</b>	ZIP CODE: <b>32174</b>	RESIDENCE PHONE: <b>(609) 207-8218</b>	
Address - Local:		(CITY):	(STATE):	ZIP CODE:	RESIDENCE PHONE:	
Address - Other (Employer/School):		(CITY):	(STATE):	ZIP CODE:	BUS/SCHOOL PHONE:	

<b>CHARGES</b>	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: <b>1</b>
#1 Charge: <b>Pass Counterfeit Bank Bill/Note/Check/Draf</b>	FEL <input checked="" type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: <b>831.09</b>	Citation No.:	Bond: <b>2500</b>		
#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 19 day of September, 2018, at approximately 0259  a.m.  p.m. at 3624 W INTL SPEEDWAY DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 BWC recording  
2  
3 On 09/19/2018 at 1459 hours, Deputy Erlandson responded to the VCSO Operations center in reference to a fraud which had occurred at the  
4 Chevron station located at 3624 W Intl Speedway Blvd. Upon arrival, Deputy Erlandson contacted the store owner, Nawoot Kavr (R1), who advised  
5 the following:  
6  
7 Sometime during the night on 09/16/2018, [redacted] entered the store and requested to cash a check from Volusia County Department of  
8 Corrections. [redacted] presented the clerk with the check and her driver's license. The clerk positively identified [redacted] from her driver's license photograph  
9 and provided [redacted] with \$373.92 in exchange for the check. The next day, Kavr attempted to cash the check with her bank and was informed the check  
10 was fraudulent. The check was made out to [redacted] for the amount of \$373.92. The check was from the "County of Volusia" department of  
11 corrections. Navr obtained statements from the bank stating the check was fraudulent. Navr's bank did not reimburse her for the amount of the check.  
12  
13 Sometime on 09/18/2018, Timothy Korecky (S1) entered the store, attempting to cash a check from Volusia County department of corrections.  
14 Korecky provided Navr with the check and his driver's license. Navr identified Korecky through his driver's license picture. Due to the previous  
15 fraudulent check, Navr contacted her bank before providing Korecky with the currency. After a phone call with her bank and observing the check had

<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>19</u> day of <u>September</u> , 2018	I swear/affirm the above statements are correct and true	Rt Thumb
Name: <i>[Signature]</i>	<i>[Signature]</i>	
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>D/S A. BAYNE</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 Name: KORECKY	(Last)	TIMOTHY	(First)	JOHN	(Middle)	Agency Case Number: 180021901
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<b>CHARGES</b>	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: 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 the same misspelling ("County of Voulisa"), Navr refused to provide Korecky with the currency or return his driver's license. Korecky fled the store,  
 17 getting into his red Mazda truck, bearing FL tag IXYJ92. Navr had a clear and unobstructed view of both Korecky and the passenger, who she  
 18 identified as [REDACTED] from the copy of her driver's license picture from the original transaction. Navr took a picture of the license plate of the vehicle as it  
 19 left the scene. The check provided by Korecky did not have a memo number.  
 20  
 21 Navr provided Deputy Erlandson with a copy of the check cashed by [REDACTED] along with her driver's license, paperwork from the bank detailing that the  
 22 check cashed by [REDACTED] was fraudulent, the check Korecky attempted to cash, and Korecky's driver's license. Navr completed a sworn written statement  
 23 detailing her account of the event and indicating she wished to pursue criminal charges.  
 24  
 25 Deputy Erlandson attempted to located both Korecky and [REDACTED] with negative results.  
 26  
 27 Deputy Erlandson determined probable cause existed to arrest Korecky for uttering a forgery and [REDACTED] for uttering a forgery and grand theft.  
 28  
 29 Deputy Erlandson later submitted the copy of the check cashed by [REDACTED] and the check cashed by Korecky into the District 3 North evidence locker.  
 30  
 31 Deputy Erlandson's BWC recording was later uploaded to the digital evidence database.

Sworn to and subscribed before me, the undersigned this 19 <sup>th</sup> day of September, 2018. Name: [Signature]	I swear/affirm the above statements are correct and true [Signature] 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:	ERLANDSON, PATRICK REILLY NAME (PRINTED)	8745 ID NUMBER