

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

Report No. 210011969 Nature of Call: **ABAT AGG** Report Date: 06-24-2021 Report Time: 0140 District: DBC
Confidential: Arrest # _____ Bk # _____ Pg # 1 of 4

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: <u>2021-303347CFDB</u>	
(ORI) FL: FL0640100		Agency Name: DAYTONA BEACH POLICE DEPARTMENT		Agency Case Number: 210011969		FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		U.C.R.:		Date Arrested:	
ADDRESS OF ARREST (Street, City, State, Zip):										Arrested By: DINARDI, DAVID		ID Number: D34223	
DEFENDANT		NAME (Last): Wallace		(First): Othal		(Middle):		A.K.A.:		Sex: M		Race: B	
DOB: 03-30-1992		Age: 29		Driver's Lic/ID No.:		State: FL		Year Expires: 2022		S.S.#:			
Height: 5' 07		Weight: 200		Hair: BLK		Eyes: BRO		P.O.B. (City, State, Country): FL		Statement: Yes <input type="checkbox"/> No <input checked="" 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: 133 Kingston Avenue				(STREET, APT. NUMBER)		(CITY): DAYTONA BEACH		(STATE): FL		ZIP CODE: 32114		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: 1	
#1	Charge: Attempted First Degree Murder (Firearm)	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 782.04(1)(A)		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 23 day of June, 2021, at approximately 0852 a.m. p.m. at 133 Kingston Avenue DAYTONA BEACH within Volusia County, violated the law and did then and there:

- 1 On 06/23/21, officers from the Daytona Beach Police Department responded to the rear of 133 Kingston Avenue in reference to an officer down.
- 2 This detective also responded to the scene.
- 3 Upon arrival, it was learned that the victim, Officer Justin Raynor, a sworn law enforcement officer with the Daytona Beach Police Department, had been shot at least one time in the face. Responding officers found Officer Raynor's handgun holstered in his duty belt.
- 4 Officer Raynor was not able to provide any information about the incident.
- 5 Officer Raynor was transported to Halifax Hospital and is currently in critical condition.
- 6 Officer Raynor's Axon Body Worn Camera (BWC) captured the incident.
- 7 Officer Raynor's BWC showed the officer walk up to a vehicle in the rear parking lot of 133 Kingston Ave. Said vehicle is a gray Honda SUV.
- 8 Officer Raynor made contact with a black male, wearing a yellow shirt, and asked him if he lived at the apartment complex. The black male exited the gray Honda SUV and would not sit back down in the vehicle despite Officer Raynor's request to do so. The black male failed to follow lawful commands and began to struggle with Officer Raynor and then a gunshot was heard.
- 9 This detective conducted a sworn interview with Tyesha Lewis.
- 10 Ms. Lewis lives at 133 Kingston Avenue, Apt. 8.
- 11 Ms. Lewis stated that her boyfriend of 6 years, Othal Wallace, also lives at her apartment.
- 12 Ms. Lewis stated that Mr. Wallace drives a gray Honda SUV.

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:	
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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 JUVENILE PARENT OR CUSTODIAN		RELATIONSHIP TO JUVENILE		JUVENILE COURT VOLUSIA COUNTY, FL 2021 JUN 24 PM 12:20 RECEIVED	
SIGNATURE OF DEFENDANT		Date			

Sworn to and subscribed before me, the undersigned this <u>24</u> day of <u>June</u> , <u>2021</u>		I swear/affirm the above statements are correct and true	
Name: <u>[Signature]</u>		OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		DINARDI, DAVID	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		D34223	
Type of Identification: <u>Kasner #39013</u>		NAME (PRINTED)	
		ID NUMBER	

OFFICIAL USE ONLY Inmate Number & Facility:

Volusia**Notice to Appear Instruction Sheet**

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.**
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:**

**PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.**

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. *Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court.* **(DO NOT MAIL CASH.)**

Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

- In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty or nolo contendere (no contest) .
- In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
- By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____
(First) (Middle) (Last)

Date: _____

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile


Court Case Number:

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Defendant (Last) Name: Wallace	(First) Othal	(Middle)	Agency Case Number: 210011969
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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: 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 Ms. Lewis stated that she had left the apartment at 04:00 hours, to go to work, and that Mr. Wallace was in the apartment when she left.
 17 Ms. Lewis stated that when she returned home at approximately 17:20 hours Mr. Wallace was not in the apartment.
 18 Ms. Lewis stated that she heard a commotion coming from outside and when she went outside she saw that an officer had been shot.
 19 This detective showed Ms. Lewis a photograph of the front of the suspect's vehicle (as captured by Officer Raynor's BWC) and Ms. Lewis confirmed
 20 that the vehicle in question was Mr. Wallace's vehicle.
 21 This detective showed Ms. Lewis a photograph of the suspect (as captured by Officer Raynor's BWC) and Ms. Lewis identified the suspect as being
 22 her boyfriend, Othal Wallace. Ms. Lewis then began to cry and stated that her children would never see their father again.
 23 Ms. Lewis stated that Mr. Wallace is known to carry a handgun on his person, and that Mr. Wallace also owns a rifle.

Sworn to and subscribed before me, the undersigned this <u>24</u> day of <u>June</u> , 2021 Name: <i>Det. David Karner</i>	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 type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: <i>Karen #29013</i>	DINARDI, DAVID NAME (PRINTED)	D34223 ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant (Last) Name: Wallace		(First) Othal	(Middle)	Agency Case Number: 210011969	
Name: (Last) 1 Raynor	(First) Justin	(Middle)	Vic Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 129 Valor Blvd. DAYTONA BEACH FL			Zip: 32114	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	
Name: (Last)	(First)	(Middle)	Vic Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	
Name: (Last)	(First)	(Middle)	Vic Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	
Name: (Last)	(First)	(Middle)	Vic Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	
Name: (Last)	(First)	(Middle)	Vic Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	
Name: (Last)	(First)	(Middle)	Vic Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: Phone:	DOB: SSN:
Bus/School Address:			Zip:	Home: Phone:	DOB: SSN:
Relative/Contact Name:			Relative/Contact Address:	Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

DINARDI, DAVID 
Investigating Officer

D34223
ID Number

DBPD
Agency

