

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

Report No. 210011969 Nature of Call: **HOMICIDE** Report Date: 08-17-2021 Report Time: 1635 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 type="checkbox"/> | | JUVENILE <input type="checkbox"/> | | Court Case Number: 2021-303347CF08 | | | | | |
| (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: | | Time of Arrest: | | | | | | | |
| ADDRESS OF ARREST (Street, City, State, Zip): | | | | | | Arrested By: DINARDI, DAVID | | | ID Number: D34223 | | | | | | | | |
| DEFENDANT | | NAME (Last): 1 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: | | S.S.#-: | | | | | | | |
| Height: 5' 07" | | Weight: 200 | | Hair: BLK | | Eyes: BRO | | P.O.B. (City, State, Country): | | 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: 1st Degree Murder Premeditated | | FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> | | FS/ORD: 782.04(1)(A)1 | | 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 <u>23</u> day of <u>June</u> , <u>2021</u> , at approximately <u>0852</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | | | | | | | | | | | | | | | |
| | | at <u>133 Kingston Avenue DAYTONA BEACH</u> within <u>Volusia</u> County, violated the law and did then and there: | | | | | | | | | | | | | | | |
| 1 | | On 06/24/21, this detective obtained an arrest warrant charging Othal Wallace with Attempted 1st Degree Murder of a Law Enforcement Officer | | | | | | | | | | | | | | | |
| 2 | | (Firearm) in reference to an incident that occurred on 06/23/21. | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | The Probable Cause was as follows: | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | 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. | | | | | | | | | | | | | | | |
| 7 | | This detective also responded to the scene. | | | | | | | | | | | | | | | |
| 8 | | Upon arrival, it was learned that the victim, Officer Jason Raynor, a sworn law enforcement officer with the Daytona Beach Police Department, had | | | | | | | | | | | | | | | |
| 9 | | been shot at least one time in the face. Responding officers found Officer Raynor's handgun holstered in his duty belt. | | | | | | | | | | | | | | | |
| 10 | | Officer Raynor was not able to provide any information about the incident. | | | | | | | | | | | | | | | |
| 11 | | Officer Raynor was transported to Halifax Hospital and is currently in critical condition. | | | | | | | | | | | | | | | |
| 12 | | Officer Raynor's Axon Body Worn Camera (BWC) captured the incident. | | | | | | | | | | | | | | | |
| 13 | | 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. | | | | | | | | | | | | | | | |
| 14 | | Officer Raynor made contact with a black male, wearing a yellow shirt, and asked him if he lived in the apartment complex. The black male exited the | | | | | | | | | | | | | | | |
| 15 | | 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 | | | | | | | | | | | | | | | |
| 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 | | | | | |
| Sworn to and subscribed before me, the undersigned this <u>17</u> day of <u>August</u> , <u>2021</u> | | | | | | | | | | I swear/affirm the above statements are correct and true | | Rt Thumb | | | | | |
| Name: <u>Det. J. Wallace</u> | | | | | | | | | | | | | | | | | |
| Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> | | | | | | | | | | OFFICER'S/COMPLAINANT'S SIGNATURE | | | | | | | |
| Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> | | | | | | | | | | DINARDI, DAVID | | D34223 | | | | | |
| Type of Identification: <u>D54193 J. Wallace</u> | | | | | | | | | | NAME (PRINTED) | | ID NUMBER | | | | | |
| OFFICIAL USE ONLY | | | | | | | | | | Inmate Number & Facility: | | | | | | | |

OFFICE OF THE CLERK OF THE CIRCUIT COURT
 COUNTY OF VOLUSIA, FLORIDA
 AUG 18 2021 11:45 AM
 RECEIVED

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:

Page # 3 of 4

| | | | |
|--------------------------------|---------------|--|-------------------------------|
| Defendant (Last) Name: Wallace | (First) Othal | (Middle) | Agency Case Number: 210011969 |
| 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 commands and began to struggle with Officer Raynor and then a gunshot was heard.
 17 Officer Raynor's BWC showed that an altercation took place between Officer Raynor and the suspect, and then a gunshot was heard.
 18 This detective conducted a sworn interview with Tyesha Lewis.
 19 Ms. Lewis lives at 133 Kingston Avenue, Apt. 8.
 20 Ms. Lewis stated that her boyfriend of 6 years, Othal Wallace, also lives at her apartment.
 21 Ms. Lewis stated that Mr. Wallace drives a gray Honda SUV.
 22 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.
 23 Ms. Lewis stated that when she returned home at approximately 17:20 hours Mr. Wallace was not in the apartment.
 24 Ms. Lewis stated that she heard a commotion coming from outside and when she went outside she saw that an officer had been shot.
 25 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
 26 that the vehicle in question was Mr. Wallace's vehicle.
 27 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
 28 her boyfriend, Othal Wallace. Ms. Lewis then began to cry and stated that her children would never see their father again.
 29 Ms. Lewis stated that Mr. Wallace is known to carry a handgun on his person, and that Mr. Wallace also owns a rifle.
 30
 31 On 06/26/21, Othal Wallace was arrested on the warrant for Attempted 1st Degree Murder of a Law Enforcement Officer (Firearm).
 32
 33 On 08/17/21, Officer Jason Raynor died as a result of the gunshot wound that was inflicted upon him by Othal Wallace on 06/23/21.

| | | |
|--|---|-------------|
| Sworn to and subscribed before me, the undersigned this <u>17</u> day of <u>August</u> , 2021. Name: <u>Det. D. Walsh</u> | I swear/affirm the above statements are correct and true  | 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: <u>D34193 J. Wallace</u> | OFFICER'S/COMPLAINANT'S SIGNATURE DINARDI, DAVID D34223 NAME (PRINTED) ID NUMBER | |

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

| | | | | | | | | |
|--|---------------|---------------|---|-------------------------------|---|---------|--|------|
| Defendant (Last) Name: Wallace | | (First) Othal | (Middle) | Agency Case Number: 210011969 | | | | |
| Name: (Last) 1 Raynor | (First) Jason | (Middle) | Vic <input checked="" type="checkbox"/> Writ <input type="checkbox"/> | Race: W | Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Age: 26 | DOB: 10-26-1994 | SSN: |
| Address (#, Street, City, State): 129 Valor Blvd. DAYTONA BEACH FL | | | | Zip: 32114 | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| Relative/Contact Name | | | Relative/Contact Address: | | Phone: | | | |
| Name: (Last) | (First) | (Middle) | Vic <input type="checkbox"/> Writ <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | | Zip: | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| Relative/Contact Name | | | Relative/Contact Address: | | Phone: | | | |
| Name: (Last) | (First) | (Middle) | Vic <input type="checkbox"/> Writ <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | | Zip: | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| Relative/Contact Name | | | Relative/Contact Address: | | Phone: | | | |
| Name: (Last) | (First) | (Middle) | Vic <input type="checkbox"/> Writ <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | | Zip: | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| Relative/Contact Name | | | Relative/Contact Address: | | Phone: | | | |
| Name: (Last) | (First) | (Middle) | Vic <input type="checkbox"/> Writ <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | | Zip: | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| Relative/Contact Name | | | Relative/Contact Address: | | Phone: | | | |
| Name: (Last) | (First) | (Middle) | Vic <input type="checkbox"/> Writ <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | | Zip: | Home: Phone: | | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bus/School Address: | | | | Zip: | Home: Phone: | | Bus: Phone: | |
| 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 |
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| 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