

<b>ARREST</b> <input checked="" type="checkbox"/>		<b>NOTICE TO APPEAR</b> <input type="checkbox"/>		<b>AFFIDAVIT</b> <input type="checkbox"/>		<b>C.C.</b> <input type="checkbox"/>		<b>ADULT</b> <input checked="" type="checkbox"/>		<b>JUVENILE</b> <input type="checkbox"/>		Court Case Number: _____	
(ORI) FL: FL0640100		Agency Name: DAYTONA BEACH POLICE DEPARTMENT		Agency Case Number: 130017821		FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS # _____		U.C.R. _____		Date Arrested: 10/10/13	
DEFENDANT		NAME (Last): 1 Ward		NAME (First): Gary		NAME (Middle): L		A.K.A.: _____		Arrested By: H. McElain		Time of Arrest: 0115	
DOB: _____		Age: 26		Driver's Lic./ID No.: _____		State: FL		Year Expires: _____		S.S.#: _____		ID Number: D90573	
Height: 5' 10"		Weight: 220		Hair: BLK		Eyes: BRO		P.O.B. (City, State, Country): FL		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citizenship: Yes <input checked="" type="checkbox"/> No <input 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"/>		Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Address - Mailing/Permanent (STREET, APT. NUMBER): _____		RESIDENCE PHONE: _____	
Address - Local (STREET, APT. NUMBER): _____		Address - Other (Employer/School) (STREET, APT. NUMBER): _____		Address - Mailing/Permanent (CITY): DAYTONA BEACH		Address - Mailing/Permanent (STATE): FL		Address - Mailing/Permanent (ZIP CODE): 32118		Address - Local (CITY): _____		RESIDENCE PHONE: _____	
Address - Local (STATE): _____		Address - Local (ZIP CODE): _____		Address - Other (CITY): _____		Address - Other (STATE): _____		Address - Other (ZIP CODE): _____		Address - Other (BUS/SCHOOL PHONE): _____		RESIDENCE 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: 1	
#1	Charge: Battery Touch/Strike (Domestic)	FEL <input type="checkbox"/>	MISD <input checked="" type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: 784.03(1)(A)1	Citation No.: _____		Bond: No Bond		Citation No.: _____		Bond: _____		Citation No.: _____		Bond: _____	
#2	Charge: _____	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____		Bond: _____		Citation No.: _____		Bond: _____		Citation No.: _____		Bond: _____	
#3	Charge: _____	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____		Bond: _____		Citation No.: _____		Bond: _____		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): _____	NAME (First): _____	NAME (Middle): _____	Race: _____	Sex: _____	DOB: _____	Age: _____		
#2	NAME (Last): _____	NAME (First): _____	NAME (Middle): _____	Race: _____	Sex: _____	DOB: _____	Age: _____		

**NARRATIVE**

The undersigned certifies and swears that there is probable cause to believe the above-named defendant,

on the 10 day of October, 2013, at approximately 1253 a.m. p.m. at \_\_\_\_\_ within Volusia County, violated the law and did then and there:

1 On 10/10/2013 at approximately 0053 hours I was dispatched to \_\_\_\_\_ in reference to a domestic disturbance. Upon arrival I  
 2 spoke with Lisa Ward (V-1) who advised she and her husband Gary Ward (S-1) were in a domestic disturbance. V-1 advised the argument began  
 3 earlier in the day and was verbal only at that time.  
 4  
 5 V-1 stated D-1 left the residence and after several hours she went looking for him and had her mother take their child. V-1 advised she went to his  
 6 mother's house first and he was not there. V-1 then went to several bars on Seabreeze Blvd. and noticed him exiting (509) bar and lounge. V-1  
 7 approached D-1 and told him to give V-1 the keys to the car because he had been drinking. D-1 then threw the vehicle keys into a shrub. V-1 and D-1  
 8 located the keys after a few minutes searching.  
 9  
 10 V-1 stated that was when the argument escalated. D-1 then "bowed up" at V-1 stating "If you call the cops I will lose my job, if I lose my job I'm going  
 11 to kill you." V-1 drove D-1 back to the residence as he exited the passenger side of the vehicle he punched the windshield breaking the glass. D-1  
 12 and V-1 went up to the apartment and V-1 told D-1 she was going to stay at her mother's residence. D-1 became angry and threw a cell phone  
 13 charger at V-1 striking her in the leg. D-1 then kicked over a coffee table and threw a baby bottle at V-1. V-1 called law enforcement at that time.  
 14 D-1 was not on scene when officers arrived. V-1 informed officers that D-1 was currently employed with Holly Hill Police Department. D-1's duty  
 15 issued firearm was located in the family vehicle. Sgt. McBride arrived on scene and contacted the Holly Hill on call supervisor. Holly Hill arrived on

<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 _____		RELATIONSHIP TO JUVENILE _____	
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____				Date _____		JUVE DISP. CITATION No. _____	

Sworn to and subscribed before me, the undersigned this 10 day of October, 2013.		I swear/affirm the above statements are correct and true		Rt Thumb	
Name: <i>T.M. Baker</i>		<i>[Signature]</i>		OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		PERSONALLY KNOWN <input type="checkbox"/> PRODUCED IDENTIFICATION <input type="checkbox"/>		NAME (PRINTED): MCCLAIN, KERRI-LEE	
Type of Identification: _____		NAME (PRINTED): _____		ID NUMBER: D90573	
<b>OFFICIAL USE ONLY</b>		Inmate Number & Facility: _____		_____	

**Narrative Supplement 707-B**

Arrest Affidavit  
 Notice to Appear
  Adult  
 Juvenile


**Court Case Number:**

Page # 2 of 3

Defendant (Last) Name: Ward	(First) Gary	(Middle) L	Agency Case Number: 130017821
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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 scene to take possession of the weapon. Officer Catalano recorded the incident using his (Axon Flex Body Cam). Officer Catalano also took 22  
 17 digital photos that were submitted to property and evidence. V-1 completed a written sworn statement and advised she did want to prosecute. VINE  
 18 information and victim packet was given to V-1.

Sworn to and subscribed before me, the undersigned this <u>10</u> day of <u>October</u> , 2013 Name: <u>Joe T. Melius</u>	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:	MCCLAIN, KERRI-LEE NAME (PRINTED)	D90573 ID NUMBER

# Witness/Victim/Evidence Form 707-A

Arrest Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number: 130017821

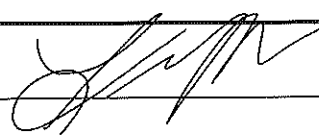
Defendant (Last) Name: Ward	(First) Name: Gary	(Middle) Name: L	Agency Case Number: 130017821
Name: (Last) 1 Ward	(First) Lisa	(Middle) e	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Race: W	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Age: 20	DOB: [REDACTED]	Home: [REDACTED]	Phone: [REDACTED]
Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Bus: [REDACTED]	
Address:		Phone:	
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name: (Last) (First) (Middle)		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: Age: DOB: SSN:
Address (#, Street, City, State):		Zip:	Home: Phone: Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:		Zip:	Bus: Phone:
Relative/Contact Name:		Relative/Contact Address:	

## 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.

MCCLAIN, KERRI-LEE  
Investigating Officer



D90573  
ID Number

DBPD  
Agency