

**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: <b>2020 302192 CFDB</b>
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(ORI) FL: <u>FL0640100</u>	Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u>	Agency Case Number: <u>200007429</u>
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FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Date Arrested: <u>05-01-2020</u>	Time of Arrest: <u>0130</u>
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ADDRESS OF ARREST (Street, City, State, Zip): <u>S RIDGEWOOD AV/CEDAR ST DAYTONA BEACH FL 32114</u>	Arrested By: <u>MACDOWEL, MAYCON</u>	ID Number: <u>D42653</u>
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<b>DEFENDANT</b>	NAME (Last) <u>HOWE</u> (First) <u>GREGORY</u> (Middle) <u>M</u>	A.K.A.: _____	Sex: <u>M</u>	Race: <u>W</u>
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DOB: <u>04-04-1983</u>	Age: <u>37</u>	Driver's Lic./ ID No.: _____	State: <u>FL</u>	Year Expires: _____	S.S.# - _____
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Height: <u>5' 09</u>	Weight: <u>140</u>	Hair: <u>BRO</u>	Eyes: <u>GRN</u>	P.O.B. (City, State, Country): <u>FL</u>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Scars, Marks, Tattoos: _____	Business & Occupation: _____	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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"/>
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Address - Mailing/Permanent (STREET, APT. NUMBER) <u>501 HAVERSHAM RD</u>	(CITY) <u>DELTONA</u>	(STATE) <u>FL</u>	ZIP CODE <u>32725</u>	RESIDENCE PHONE _____
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Address - Local (STREET, APT. NUMBER) _____	(CITY) _____	(STATE) _____	ZIP CODE _____	RESIDENCE PHONE _____
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Address - Other (Employer/School) (STREET, APT. NUMBER) _____	(CITY) _____	(STATE) _____	ZIP CODE _____	BUS/SCHOOL PHONE _____
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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 checked="" type="checkbox"/>	Traffic Infraction(s) <input checked="" type="checkbox"/>	DUI <input type="checkbox"/>	Total Charges: <u>1</u>
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#1	Charge: <u>Carry Concealed Weapon/Firearm</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>790.01(2)</u>	Citation No.: _____	Bond: <u>5000</u>
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#2	Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____	Bond: _____
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#3	Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____	Bond: _____
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<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"/>
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#1	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____	Sex: _____	DOB: _____	Age: _____
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#2	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____	Sex: _____	DOB: _____	Age: _____
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**NARRATIVE**

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 01 day of May, 2020, at approximately 0300  a.m.  p.m. at S Ridgewood Av/Cedar St DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On May 1st, 2020, Officer MacDowel was conducting stationary surveillance in the 600 Blk. of Marion St. Due to the increase of criminal activity in the  
 2 vicinity. On this date at approximately 0030 hours, Officer MacDowel observed a White GMC pickup truck travel bearing Florida tag #Z619I  
 3 eastbound on Cedar St. from Marion St.  
 4 A check of the vehicle's license plate revealed that the register owner, Gregory Howe (D1), was suspended. The defendant was operating the vehicle  
 5 with his driver's side window all the way down, at which time, Officer MacDowel immediately identified the driver as Gregory Howe via DAVID. This  
 6 being in violation with Florida State Statute, Officer MacDowel conducted a traffic stop on the Defendant's vehicle at S Ridgewood Av. and Cedar St.  
 7  
 8 Upon contacting D1, Officer MacDowel explained to him that his Florida Driver's license was suspended, at which time, D1 stated that he had no  
 9 knowledge that his DL was suspended. Officers explained to D1 that he could no longer operate the vehicle without a valid driver's license, and that  
 10 the vehicle was being towed to Daytona Wrecker. Officer MacDowel asked D1 if there was any weapons inside of the vehicle, to which he replied  
 11 "yes." Officer MacDowel asked D1 where the weapons were located and if he had a conceal weapon permit, to which he replied "I have the right to  
 12 remain silent." D1 then asked Officer Macdowel if he could exit the vehicle, at which time, Officer MacDowel said "yes." An FCIC/NCIC check  
 13 revealed that D1 has no valid conceal weapon permit at this time. A criminal history check of the Defendant's name was negative as far as being a  
 14 convicted felon.  
 15

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

Sworn to and subscribed before me, the undersigned this <u>01</u> day of <u>May</u> , <u>2020</u> , Name: <u>W. R. J.</u>	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____	<u>MACDOWEL, MAYCON</u> <u>D42653</u> NAME (PRINTED) ID NUMBER	

**OFFICIAL USE ONLY**

**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:**

Defendant Name: <b>HOWE</b>	(Last)	(First) <b>GREGORY</b>	(Middle) <b>M</b>	Agency Case Number: <b>200007429</b>
<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 checked="" type="checkbox"/> Traffic Infraction(s) <input checked="" 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 In accordance with departmental policy, the vehicle was inventoried prior to it being towed to Daytona Wrecker. The following items were located  
 17 inside of the vehicle.  
 18  
 19 As I opened the driver's side rear passenger's door, I observed a black handgun (Make: Smith & Wesson, Model: M&P 40, Serial # MPE9596,  
 20 Caliber: .40/.357) sitting in between the driver's seat and the center console, to the rear of the seat.  
 21  
 22 This handgun was readily accessible by D1, was not in a holster, unsecure, and with a round in the chamber.  
 23  
 24 Located on the back seat of the vehicle was an airsoft rifle (Make: Gamo Swarm Model: Maxxim serial # 041c12174317)  
 25  
 26 Located in a black case on the backseat of the vehicle was a black rifle (Make: Palmetto Arm Model: PA-15 Serial # PA098772 Caliber: .300 )  
 27  
 28 Located in the same black case was a total of 6 magazines. A total of 16 rounds of caliber .337. Total of 112 rounds of caliber .300.  
 29  
 30 An FCIC/NCIC of the above firearms came back negative as far as being stolen.  
 31  
 32  
 33 D1 was issued a traffic citation for DWLS without knowledge (Please see citation ACALWJE) . D1's handgun and its rounds were tagged as evidence  
 34 at the Daytona Beach Police Department. D1's rifles were tagged at the Daytona Beach Police Department for safekeeping along with the  
 35 magazines and its rounds.

Sworn to and subscribed before me, the undersigned this <u>01</u> day of <u>May</u> , 2020 Name: <u>W. P. [Signature]</u>	I swear/affirm the above statements are correct and true <div style="text-align: center; font-size: 2em;">[Signature]</div>	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:	OFFICER'S/COMPLAINANT'S SIGNATURE <hr/> NAME (PRINTED) <span style="float: right;">ID NUMBER</span>	

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

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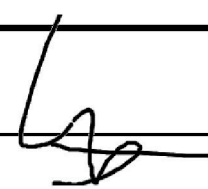
Defendant (Last) Name: <b>HOWE</b>			(First) Name: <b>GREGORY</b>			(Middle) Name: <b>M</b>			Agency Case Number: <b>200007429</b>				
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			Phone:	
Relative/Contact Name						Relative/Contact Address:						Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			Phone:	
Relative/Contact Name						Relative/Contact Address:						Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			Phone:	
Relative/Contact Name						Relative/Contact Address:						Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			Phone:	
Relative/Contact Name						Relative/Contact Address:						Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			Phone:	
Relative/Contact Name						Relative/Contact Address:						Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age:		DOB:		
Address (#, Street, City, State):						Zip:			Home: Phone:			Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:						Zip:			Bus: Phone:			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
<b>smith and wesson handgun serial MPE9596</b>	<b>05-01-2020</b>		
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
<b>16 rounds</b>	<b>05-01-2020</b>		
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.

MACDOWEL, MAYCON  
Investigating Officer



D42653  
ID Number

DBPD  
Agency