

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

Arrest # _____

Bk # _____

Pg #1 of 1

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:	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriffs Office		Agency Case Number: 6042-13	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR: _____ Date Arrested: _____	
ADDRESS OF ARREST:				Arrested By: _____ ID Number: _____	
DEFENDANT		Name (L,F,M): Cretella, Elizabeth Ann		A.K.A.: _____ Sex: F Race: W	
DOB: 12-12-48		Age: 64		Driver's Lic/ ID No.: C634-221-48-952-0	
Height: 5'		Weight: _____		State: FL Year Expires: 2017	
Scars, Marks, Tattoos: N/A		Hair: Bln		Eyes: Bro	
Business & Occupation: Flagler County Sheriff's Office		POB (City, St, Country): NY		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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"/>		Total Charges: 1	
Address-Mailing/Permanent (STREET, APT. NUMBER): 333 W. Marion Ave. Apt 18		(CITY): Edgewater		(STATE): FL ZIPCODE: 32132 RESIDENCE PHONE: 386-569-7781	
Address-Local (STREET, APT. NUMBER): as above		(CITY): _____		(STATE): _____ ZIPCODE: _____ RESIDENCE PHONE: _____	
Address-Other(Employer/School) (STREET, APT. NUMBER): 1001 Justice Ln.		(CITY): Bunnell		(STATE): FL ZIPCODE: 32110 BUS/SCHOOL PHONE: 386-437-4116	
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"/>	
#1	Charge: Misuse of Public Office	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 838.21 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(L,F,M): _____		Race: _____ Sex: _____		DOB: _____ Age: _____	
#2 NAME(L,F,M): _____		Race: _____ Sex: _____		DOB: _____ Age: _____	
NARRATIVE					
The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>20</u> day of <u>Sept</u> , 2012, at approximately <u>1:30</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>1001 Justice Ln.</u> within <u>Flagler</u> County, violated the law and did then and there: On 01-22-13 I was contacted by Lt. Chris Sepe of the Flagler County Sheriff's Office and asked to conduct a criminal investigation involving two Flagler County Sheriff's Office civilian employees, Elizabeth Cretella and Wendy Bentzley. The investigation involved the potential dissemination of confidential criminal justice information from an active criminal investigation to the suspect, who happens to be E. Cretella's son, Robert Allen. On 01-22-13 an audio recorded interview was conducted at 1001 Justice Ln with both W. Bentzley and E. Cretella. Post Miranda W. Bentzley stated she opened the report to check its content and asked E. Cretella if she would like the report printed. E. Cretella stated "Yes" and W. Bentley printed the report and handed it to E. Cretella. W. Bentzley stated this was her only involvement in the case. E. Cretella was then brought into the conference room and, post Miranda, stated while at work W. Bentzley opened a report and after reading it asked E. Cretella if she knew her son was involved in a case, to which E. Cretella Stated, "No". W. Bentzley then proceeded to read the information to E. Cretella until E. Cretella asked her to stop and print it out because it was hard for her to follow what W. Bentzley was reading. W. Bentzley then printed the case and handed it to E. Cretella. After reading the information E. Cretella states during the interview that she calls her son Robert and asks him if he knows about a case against him involving his daughter. E. Cretella also admits to giving Robert "General information" about the case. As the interview continues, E Cretella _____					
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"/>	
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.		FINE, AND COSTS AMOUNT: _____		_____	
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned This <u>24</u> day of <u>Jan</u> , 2013.		I swear/affirm the above statements are correct and true.		Rt Thumb	
Name: Lt. Chris Sepe-44		OFFICER'S/COMPLAINANT'S SIGNATURE		CITATION No.	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME(PRINTED)		ID NUMBER	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Cpl. M. Lagana		129	
Type of Identification: _____		Inmate Number & facility:		_____	

Narrative 707-B Supplement

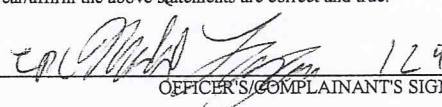
Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Cretella, Elizabeth		Agency Case Number: 6042-13	
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
# 1	Charge: Misuse of Public Office	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 838.21 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:

On 01-22-13 Robert Allen and Kelly Allen were both served an SAI subpoena in reference this case. R. Allen and K. Allen agreed to come to the Investigative Services Division's office so Det. Paul Kandour could conduct a recorded interview with Robert Allen. During the interview with Det. Kandour, R. Allen stated he was contacted by his mother and advised of an active investigation against him. R. Allen also stated, "She just called and said it was an open investigation". Also during the interview R. Allen stated that his mom called and said, "You need to watch out" or "You need to be careful". See Det. Kandour's supplement and CD of the interview for further details. Det. Linde then conducted a recorded interview with Kelly Allen and when asked how R. Allen received the information she stated, "Wendy pulled the report and gave the copy to his mother, (E. Cretella) and after reading it she called and informed him". K. Allen then stated R. Allen recently received a phone call from his mother and he was told that there is an active investigation going on in reference to how the report information was leaked out and if asked he was to say that Wendy pulled the report. The interview continued and K. Allen again stated, "My mother-in-law, (E. Cretella), informed my husband, (R. Allen), about the allegation against him". See Det. Linde's supplement and CD of the interview for further details.

On 09-15-12, the Flagler County Sheriff's office received a sworn complaint alleging L&L on a 7 year old child. The suspect of this investigation was Robert Allen. At the time of the disclosure of the information described, this was an active criminal investigation. Disclosure of the described information impeded and obstructed this investigation by limiting our ability to conduct special investigative techniques. [REDACTED]

Sworn to and subscribed before me, the undersigned this <u>25</u> day of <u>January</u> , 2013	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>U.S. 44</u>	 OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>CPL MICHAEL LABANA</u>	ID NUMBER <u>129</u>
Type of Identification:		

Witness/Victim/Evidence Form 707-A

 Arrest
 Affidavit
 Notice to Appear

 Adult
 Juvenile

Court Case Number:

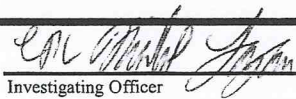
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Defendant Name: Cretella, Elizabeth Ann		Agency Case Number: 6042-13	
Name (L,F,M): State Of Florida	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	

EVIDENCE COLLECTED

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



Investigating Officer

129

ID Number

FCSU

Agency