

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page 1 of 3 Pages

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input checked="" type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR <u>Z</u> - Other		Agency Report Number 110037078	
Agency ORI Number FL0840000			Zone # 23	Telephone Handled Call (T.H.C.) 1. Yes 2. No 2	
Reported: Day Wednesday	Date 12-14-2011	Time (mil.) 1845	Time Dispatched (mil.) 1845	Time Arrived (mil.) 1845	Time Completed (mil.) 1845
Nature of Call (Report Type) 33 Simple or Agg Assault/Battery(UCR class)					Occurred During: D - Day U - Unknown N - Night N
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Sunday	Date 12-11-2011	Time (mil.) 0200
TO Day Sunday	Date 12-11-2011	Time (mil.) 0300			
Offense #1 3	Type 784.03(1)(A)1	Statute Violation Number	Description Battery Touch/Strike		A - Attempted C - Committed C
Offense #2	Type	Statute Violation Number	Description		A - Attempted C - Committed
Incident Location (Street, Apt. Number) 1878 Holly Blvd			City DELAND	Zip 32720	
Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 1	Forced Entry 1. Yes 3. Attempted 2. No
Location Type		Location Type Codes	Arson-Involved 1. Occupied 3. Abandoned 2. Unoccupied		
01		01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Mobile Home	05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Motels/Club	09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Pharmacy	13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage
17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway	
29. Motor Vehicle 30. Other Mobile 31. Unknown 32. Other					
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other	Address/Phone Type A. Business/Work B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian O-Oriental/Asian U-Unknown
Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Posa Broken Bones 06. Burns		Domestic Violence 1. Yes 2. No	
Victim Relationship to Offender S-Spouse P-Parent C-Child Z-Other B-Sibling O-Other Family H-Co-Habitant					
Offense Indicator 1. #1 3. Both 2. #2		V/W Code V	# 1	V. Type 3	Nature of Call (for Victim, if different from incident)
Address (Street, Apt. Number)		City DELEON SPRING FL	State FL	Zip 32130	Residence Phone
Business/School/Other Address (Street, Apt. Number) 302 S Center St		City PIERSON FL	State FL	Zip 32160	Address Type B
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
Person Family Restaurant					
# Victim Type 1, 2, or 3	Race W	Sex F	Date of Birth	Age 18	Ethnicity N
Res. Type 2	Res. Status 1	Means of Attack H	Extent of Injury D9	Domestic Violence 1	Relationship Z
Offense Indicator 1. #1 3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from incident)
Address (Street, Apt. Number)		City	State	Zip	Residence Phone
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
# Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from incident)
Address (Street, Apt. Number)		City	State	Zip	Residence Phone
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
# Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from incident)
Address (Street, Apt. Number)		City	State	Zip	Residence Phone
Business/School/Other Address (Street, Apt. Number)		City	State	Zip	Address Type
Other Contact Info (Time Available, Interpreter, etc.)		Synopsis of Involvement			
# Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code #	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
	01-19-1990		21		5' 05		155		HAZ	BRO		
Nickname / Street Name			Place of Birth - City			County	State	Employer/Other/School		Occupation		
Last Known Address (Street, Apt. Number)			City			State	Zip	Address Type		Phone	Phone Type	
1878 Holly Blvd			DELAND			FL	32720	H		(386) 747-7210	C	
Other Address (Street, Apt. Number)			City			State	Zip	Address Type		Phone	Phone Type	
Driver's License State/Number			Social Security Number			Other ID Number			ID Type			
FL D300-783-90-019-0												
Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)						
Hair Length /Style			Skin	Bulk	Facial Features		Speech/Voice	Deformity		Glasses		
# Subject			Demeanor	Mask	Weapon Type		# Arrested		Subject Was Already In Custody?		Warrant From:	
Date of Last Contact			Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		1. Yes 2. No		1. This Agency 2. Other Agency	
May Be With:			Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type			6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered			7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No		1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code #	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
Nickname / Street Name			Place of Birth - City			County	State	Employer/Other/School		Occupation		
Last Known Address (Street, Apt. Number)			City			State	Zip	Address Type		Phone	Phone Type	
Other Address (Street, Apt. Number)			City			State	Zip	Address Type		Phone	Phone Type	
Driver's License State/Number			Social Security Number			Other ID Number			ID Type			
Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)						
Hair Length /Style			Skin	Bulk	Facial Features		Speech/Voice	Deformity		Glasses		
# Subject			Demeanor	Mask	Weapon Type		# Arrested		Subject Was Already In Custody?		Warrant From:	
Date of Last Contact			Date of Emancipation	Caution	Caution Reason		Personal Habits (Drugs / Alcohol)		1. Yes 2. No		1. This Agency 2. Other Agency	
May Be With:			Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type			6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered			7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No		1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
NARRATIVE	1 On 12/11/11 at approximately 0253 hours Deputy Deane was contacted by _____ (V1) advising she had just been in a verbal altercation with her boyfriend Stephen Dehut (S1). _____ explained she and Dehut had both been drinking and were involved in a heated verbal argument during which Dehut punched several holes in the wall causing _____ to be in fear. _____ stated she and Dehut had been at his residence, 1878 Holly Blvd, Deland, and he had departed the residence after the argument. _____ stated she had initially contacted Deputy Deane in attempts to locate a ride home from the residence but had since been given a ride. _____ was evasive with Deputy Deane on the phone as to if the altercation had included a physical dispute as well.											
	2											
	3											
	4											
	5											
	6											
	7											
	8 On 12/14/11 at approximately 1845 hours Deputy Deane was eating at the Pierson Family Restaurant (302 S Center St, Pierson), at which _____ was the waitress. Deputy Deane inquired upon _____ about the altercation which had transpired on 12/11/11. _____ through casual conversation advised she had been struck on the left side of the face during the altercation. _____ elaborated stating Dehut had grabbed her on the upper arms											
	9											
	10											
ADMINISTRATIVE	Final Case Status: 1		Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded									
	<input type="checkbox"/> DCF Hotline		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry		<input type="checkbox"/> T.T. BOLO		Date:	
	<input type="checkbox"/> CAC		Spoke With:				<input type="checkbox"/> FCIC / NCIC Cancel				By:	
Connecting Report Number			Agency			Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: DV Form						
Officer Reporting - Printed			Officer Reporting - Signature			ID. Number		Unit		Date		
Deane, Travis						7551		1v22		12-14-2011		
Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)			ID. Number		Unit		Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Report Date 12-14-2011	Report Time 1845	Orig. Reported Date	Nature of Call (for Incident) 33	Agency Report Number 110037078	1. Original 2. Supplement 1
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11 while yelling at her and shook her. [redacted] stated she attempted to call a friend for a ride, at which time Dehut took her phone and threw it. [redacted]
 12 explained Dehut then again grabbed her by the upper arms and yelled at her. [redacted] stated while being grasped the second time, she was struck
 13 on the left side of the face. [redacted] asked Deputy Deane if a bruise could be seen on the left side of her face.
 14
 15 [redacted] also showed Deputy Deane bruises on her left forearm and left hip which she stated she had acquired while at Dehut's residence on
 16 12/11/11. Deputy Deane asked if [redacted] had received those bruises as a result of the physical altercation with Dehut. Deputy Deane observed
 17 [redacted] to immediately become visibly uncomfortable with the question. Deputy Deane observed [redacted] to hesitate prior to answering Deputy
 18 Deane's question, to which she eventually stated a long, hesitant "No" with the inflection of a question.
 19
 20 [redacted] asked as to why Deputy Deane was asking so many questions about the incident, to which Deputy Deane explained he was now
 21 conducting an investigation rather than having a casual conversation. [redacted] then became reluctant to speak on the subject. Deputy Deane was
 22 able to confirm with [redacted] the physical portions of the altercation. [redacted] stated she had not touched or struck Dehut at any point. Deputy Deane
 23 again inquired about [redacted] having been struck in the face to which she stated "it's not like he knocked me out."
 24
 25 Deputy Deane photographed [redacted] face which showed no outwardly visible signs of injury. Deputy Deane also photographed the bruising on
 26 [redacted] left forearm and left hip. Deputy Deane observed the bruise on [redacted] forearm to appear defensive in nature, consistent location with
 27 someone raising their arm to protect their face. Deputy Deane attached the photographs to this report. Deputy Deane again question the origins of
 28 the bruises to which [redacted] stated the bruise on her arm was from walking into a pole and the bruise on her hip was from "walking into a table, I
 29 think."
 30
 31 [redacted] advised she and Dehut had previously resided together as a family unit during their "on and off" relationship. [redacted] stated she and Dehut
 32 had been significant others since approximately December of 2010 and resided together at the 1878 Holly Blvd, Deland address for approximately
 33 1-2 months (June and July 2011) prior to her moving out. ?>
 34
 35 Deputy Deane provided [redacted] with a Rights & Remedies (DV) pamphlet, which she signed for. Deputy Deane completed a victim notification card
 36 and a domestic violence information sheet. [redacted] refused medical attention for her injuries.
 37
 38 Given the statements made and the physical evidence at hand, Deputy Deane determined Dehut to have battered [redacted] and to be the primary
 39 aggressor. Further, Deputy Deane determined the incident to meet the criteria for domestic violence.
 40
 41 Dehut was contacted at 1878 Holly Blvd, Deland and subsequently arrested.
 42
 43 Case status: Arrest / Adult

NARRATIVE / CONTINUATION

Final Case Status: 1	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Tried	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: DV Form			
Officer Reporting - Printed Deane, Travis	Officer Reporting - Signature 	ID. Number 7551	Unit 1v22	Date 12-14-2011
Officer Reviewing - Printed (if Applicable)	Officer Reviewing - Signature (if Applicable)	ID. Number	Unit	Date

ADMINISTRATIVE

7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 3

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:	
(ORI) FL: FL0640000	Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE		Agency Case Number: 110037078
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: 12-14-2011
ADDRESS OF ARREST (Street, City, State, Zip): 1878 Holly Blvd DELAND FL 32720		Arrested By: Deane, Travis	Time of Arrest: 2208
DEFENDANT NAME (Last) Dehut (First) Stephen (Middle) Craig		A.K.A.:	ID Number: 7551
DOB: 01-19-1990	Age: 21	Driver's Lic./ ID No.: D300-783-90-019-0	Sex: M Race: W
Height: 5'06	Weight: 155	Hair: BRO Eyes: HAZ	State: FL Year Expires: S.S.# -
Scars, Marks, Tattoos:	Business & Occupation:		Statement: 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"/>	Death/Date: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent: 1878 Holly Blvd (STREET, APT. NUMBER)		(CITY) DELAND (STATE) FL	ZIP CODE 32720 RESIDENCE PHONE (386) 747-7210
Address - Local:		(CITY) (STATE)	ZIP CODE RESIDENCE PHONE
Address - Other (Employer/School):		(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:	Battery Touch/Strike	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input checked="" type="checkbox"/>	FS/ORD: 784.03(1)(A)1	Citation No.:	Bond: 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 11 day of December, 2011, at approximately 0245 a.m. p.m. at 1878 Holly Blvd DELAND within Volusia County, violated the law and did then and there:

1 intentionally touch/strike the victim against her will. Further the victim and the defendant have resided together as a family unit in the past.
2
3 On 12/11/11 at approximately 0253 hours Deputy Deane was contacted by (V1) advising she had just been in a verbal altercation with
4 her boyfriend Stephen Dehut (S1). explained she and Dehut had both been drinking and were involved in a heated verbal argument during
5 which Dehut punched several holes in the wall causing to be in fear. stated she and Dehut had been at his residence, 1878 Holly Blvd,
6 Deland, and he had departed the residence after the argument. stated she had initially contacted Deputy Deane in attempts to locate a ride
7 home from the residence but had since been given a ride. was evasive with Deputy Deane on the phone as to if the altercation had included a
8 physical dispute as well.
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10 On 12/14/11 at approximately 1845 hours Deputy Deane was eating at the Pierson Family Restaurant (302 S Center St, Pierson), at which
11 was the waitress. Deputy Deane inquired upon about the altercation which had transpired on 12/11/11. through casual conversation
12 advised she had been struck on the left side of the face during the altercation. elaborated stating Dehut had grabbed her on the upper arms
13 while yelling at her and shook her. stated she attempted to call a friend for a ride, at which time Dehut took her phone and threw it. explained
14 Dehut then again grabbed her by the upper arms and yelled at her. stated while being grasped the second time, she was struck on
15 the left side of the face. asked Deputy Deane if a bruise could be seen on the left side of her face.

NOTICE TO APPEAR MANDATORY APPEARANCE YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY 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	SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	JUVE DISP.
		RELATIONSHIP TO JUVENILE	CITATION No.

Sworn to and subscribed before me, the undersigned this <u>14</u> day of <u>December</u> , 2011	I swear affirm the above statements are correct and true	Rt Thumb
Name:	OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	DEANE, TRAVIS	7551
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED)	ID NUMBER
Type of Identification:	Inmate Number & Facility:	

OFFICIAL USE ONLY

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 2 of 3

Defendant Name: Dehut	(Last)	Stephen	(First)	Craig	(Middle)	Agency Case Number: 110037078
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:				
#	Charge:	FEL <input type="checkbox"/>	MISO <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:
#	Charge:	FEL <input type="checkbox"/>	MISO <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:
#	Charge:	FEL <input type="checkbox"/>	MISO <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:

16

17 [redacted] also showed Deputy Deane bruises on her left forearm and left hip which she stated she had acquired while at Dehut's residence on 12/11/11.

18 Deputy Deane asked if [redacted] had received those bruises as a result of the physical altercation with Dehut. Deputy Deane observed [redacted] to

19 immediately become visibly uncomfortable with the question. Deputy Deane observed [redacted] to hesitate prior to answering Deputy Deane's question,

20 to which she eventually stated a long, hesitant "No" with the inflection of a question.

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22 [redacted] asked as to why Deputy Deane was asking so many questions about the incident, to which Deputy Deane explained he was now conducting

23 an investigation rather than having a casual conversation. [redacted] then became reluctant to speak on the subject. Deputy Deane was able to confirm

24 with [redacted] the physical portions of the altercation. [redacted] stated she had not touched or struck Dehut at any point. Deputy Deane again inquired

25 about [redacted] having been struck in the face to which she stated "it's not like he knocked me out."

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27 Deputy Deane photographed [redacted] face which showed no outwardly visible signs of injury. Deputy Deane also photographed the bruising on [redacted]

28 left forearm and left hip. Deputy Deane observed the bruise on [redacted] forearm to appear defensive in nature, consistent location with someone

29 raising their arm to protect their face. Deputy Deane attached the photographs to this report. Deputy Deane again question the origins of the bruises

30 to which [redacted] stated the bruise on her arm was from walking into a pole and the bruise on her hip was from "walking into a table, I think."

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32 [redacted] advised she and Dehut had previously resided together as a family unit during their "on and off" relationship. [redacted] stated she and Dehut had

33 been significant others since approximately December of 2010 and resided together at the 1878 Holly Blvd, Deland address for approximately 1-2

34 months (June and July 2011) prior to her moving out.

35

36 Deputy Deane provided [redacted] with a Rights & Remedies (DV) pamphlet, which she signed for. Deputy Deane completed a victim notification card

37 and a domestic violence information sheet. [redacted] refused medical attention for her injuries.

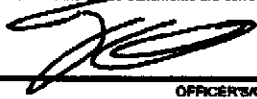
38

39 Given the statements made and the physical evidence at hand, Deputy Deane determined Dehut to have battered [redacted] and to be the primary

40 aggressor. Further, Deputy Deane determined the incident to meet the criteria for domestic violence.

41

42 Dehut was contacted at 1878 Holly Blvd, Deland and subsequently arrested.

Sworn to and subscribed before me, the undersigned this <u>14</u> day of <u>December</u> , 2011.	I swear/affirm the above statements are correct and true	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>	 OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	DEANE, TRAVIS	7551
Type of Identification:	NAME (PRINTED)	ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 110037078

Page # 3 of 3

Defendant (Last) Name: Dehut		(First) Stephen		(Middle) Craig		Agency Case Number: 110037078	
Name: (Last)		(First)		(Middle)		Vic <input checked="" type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State):		DELEON SPRING FL		Zip: 32130		Home: Phone: [Redacted]	
Bus/School Address:				Zip:		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name: (Last)		(First)		(Middle)		Vic <input type="checkbox"/> Race: W	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):				Zip:		Home: Phone:	
Bus/School Address:				Zip:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.

DEANE, TRAVIS
Investigating Officer

7561
ID Number

VCSSO
Agency

Detailed History for Police Event #P113482047 As of 1/09/2012 15:26:09

Output for: 2405

Priority:4 Type:FLAG - Flag Down
 Location:1878 HOLLY BLVD, DEL btwn N PARKWAY ST and END
 Map:43 E3

Created:	12/14/2011 18:45:23	DISP11	4028
Entered:	12/14/2011 18:45:23	DISP11	4028
Dispatch:	12/14/2011 18:45:23	DISP11	4028
Enroute:	12/14/2011 18:45:23	DISP11	4028
Onscene:	12/14/2011 18:45:23	DISP11	4028
Closed:	12/14/2011 21:37:23	DISP11	4028

ICUnit: PrimeUnit:1Y22 Dispo:NR Type:FLAG - Flag Down
 Agency:VP Darea:02 Zone:23 RD:258
 Case #:VP110037078 Detail

-
- 18:45:23 CREATE Location:PIERSON FAMILY RESTAURANT, PIE Type:FLAG Darea:02 RD:2005
 TypeDesc:Flag Down LocDesc:at 302 S CENTER ST, PIE LocCross:btwn E 4TH AV and E
 HAGSTROM RD Priority:4 Response:1PAT Agency:VP Zone:14 Map:15 D3 LocType:C
 - 18:45:23 ENTRY
 - 18:45:23 DISPOS 1Y22 Location:PIERSON FAMILY RESTAURANT, PIE Operator:7551
 OperNames:DEANE,TRAVIS
 - 18:45:23 -PRIU 1Y22
 - 18:45:23 -PREMIS Comment:PPR
 - 18:45:26 CASE 1Y22 Case#:VP110037078
 - 18:45:55 BACKUP 1D26 UnitID:1Y22 Location:PIERSON FAMILY RESTAURANT, PIE Operator:1682
 OperNames:SIERSTORPFF,TAYLOR
 - 18:54:40 *RFT 1D26 Plate:247JKG
 - 18:56:53 OK 1Y22
 - 18:57:00 *RFT 1D26 Plate:M156NG
 - 18:57:56 CHANGE 1D26 Location:PIERSON FAMILY RESTAURANT, PIE-->1878 HOLLY BLVD, DEL
 RD:2005-->258 Zone:14-->23 Map:15 D3-->43 E3
 - 18:57:56 -NPREMS Comment:(none)
 - 18:59:34 *CLEAR 1D26 Dispo:NR DispoLevel:10
 - 19:32:26 RFT 1Y22 OLN:C120513935130
 - 19:32:44 RFT 1Y22 OLN:D300783900190
 - 19:33:11 MISC 1Y22 Comment:RUN CH ON S#1 "D" DL FOR PRIORS
 - 19:37:46 LOGM 1Y22 Message:011112150037000783 MessageType:Text Received:12/14/2011 19:35:40
 Comment: [REDACTED] VALID
 - 19:38:01 INV 1Y22 Type:INVP Priority:1 Name: [REDACTED] DOB: [REDACTED] Age:18 Category:P
 - 19:38:20 LOGM 1Y22 Message:011112150038000802 MessageType:Text Received:12/14/2011 19:35:44
 Comment:DEHUT VALID
 - 19:38:37 INV 1Y22 Type:INVP Priority:1 Name:DEHUT,STEPHEN C DOB:01/19/1990 Age:21 Category:P
 - 21:37:23 CLEAR 1Y22
 - 21:37:23 -CLEAR
 - 21:37:23 CLOSE
 - 22:01:07 XREF Service:P Event:#P113482432 Type:17 Agency:VP

Detailed History for Police Event #P113482432 As of 1/09/2012 15:27:34

Output for: 2405

Priority:4 Type:17 - Investigation
 Location:1878 HOLLY BLVD, DEL btwn N PARKWAY ST and END
 Map:43 E3

Created:	12/14/2011 21:56:49	DISP11	4028
Entered:	12/14/2011 21:56:49	DISP11	4028
Dispatch:	12/14/2011 21:56:49	DISP11	4028
Enroute:	12/14/2011 21:56:49	DISP11	4028
Onscene:	12/14/2011 22:08:50	DISP11	4197
Transprt:	12/14/2011 22:30:08	DISP11	4028
Complete:	12/14/2011 22:34:56	DISP11	4028
Closed:	12/14/2011 23:20:13	DISP11	4028

ICUnit: PrimeUnit:1D24 Dispo:NR Type:17 - Investigation
 Agency:VP Darea:02 Zone:23 RD:258 Detail

21:56:49 CREATE Location:1878 HOLLY BLVD, DEL Type:17 Darea:02 RD:258 TypeDesc:Investigation
 LocDesc:btwn N PARKWAY ST and END Priority:4 Agency:VP Zone:23 Map:43 E3
 LocType:S

21:56:49 ENTRY

21:56:49 DISPER 1D24 Location:1878 HOLLY BLVD, DEL Operator:6844 OperNames:WHITENER,CHARLES

21:56:49 -PRIU 1D24

21:56:49 -PREMIS Comment:PPR

21:59:50 BACKUP 1D26 UnitID:1D24 Location:1878 HOLLY BLVD, DEL Operator:1682
 OperNames:SIERSTORPFF,TAYLOR

21:59:52 ENRTE 1D26

22:01:07 XREF Service:P Event:#P113482047 Type:FLAG Agency:VP

22:08:50 ONSCN 1D24

22:08:52 ONSCN 1D26

22:08:57 MISC 1D24 Comment:IN CONTACT

22:14:38 OK 1D24 1D26

22:14:50 MISC 1D24 Comment:A/M 10-15

22:21:39 CHGLOC 1D24 Location:17/92

22:22:01 *CLEAR 1D26

22:26:34 ONSCN 1D24

22:29:01 OK 1D24

22:29:28 BACKUP 1PT97 UnitID:1D24 Location:N KEPLER RD/E INTL SPEEDWAY BLVD, DEL
 Operator:2266 OperNames:FLEISCHMANN,BRUCE

22:30:08 TRANSP 1D24 Location:N KEPLER RD/E INTL SPEEDWAY BLVD, DEL

22:34:56 CMPLT 1D24

22:39:45 ONSCN 1PT97

22:39:48 OK 1D24 1PT97

22:48:15 *CLEAR 1D24 Dispo:NR DispoLevel:10

22:49:26 TRANSP 1PT97 Location:BJ, DB

22:59:08 CMPLT 1PT97

23:05:52 OK 1PT97

23:20:13 CLEAR 1PT97

23:20:13 -CLEAR

23:20:13 CLOSE