

PORT ORANGE POLICE DEPARTMENT

INCIDENT REPORT

Page 1 of 5 Pages

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR: _____		INCIDENT REPORT				Agency Report Number 140003721															
Agency ORI Number FL0641200				Zone # PO02		Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2																	
Reporter: Day Tuesday		Date 04-22-2014		Time (mil.) 1831		Time Dispatched (mil.) 1833		Time Arrived (mil.) 1836		Time Completed (mil.) 2107		Nature of Call (Report Type) 22A Fight											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Tuesday		Date 04-22-2014		Time (mil.) 1831		Occurred During: O - Day U - Unknown N - Night N											
Offense #1 Type Statute Violation Number		Description		A - Attempted C - Committed		Offense #2 Type Statute Violation Number		Description		A - Attempted C - Committed													
Incident Location (Street, Apt. Number) 3863 NOVA RD				City PORT ORANGE				Zip 32127															
Business Name / Area Identifier Salsas Mexican Restaurant		# Prem. Entered 2		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 2		Forced Entry 1. Yes 3. Attempted 2. No		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No											
Location Type 99		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		09. Supermarket 10. Dept./Discount Store 11. Specialty Store 12. Drug Store/Hospital		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 88. Unknown 99. Other									
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Repeating 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 B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		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, Fists, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruiises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant		Z-Other									
Offense Indicator 1. #1 3. Both 2. #2		V/W Code O		# 01		V. Type 1		Nature of Call (for Victim, if different from Incident) 22A Fight		Name (Last/Business) (First) (Middle) (Last)													
Address (Street, Apt. Number) City State Zip				Residence Phone Phone Type																			
Business/School/Other Address (Street, Apt. Number) City State Zip				Address Type Business/School/Other Phone Phone Type																			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
If Victim Type 1, 2, or 3		Race N		Sex 1		Date of Birth 03		Age 03		Ethnicity 03		Res. Type 03		Res. Status 03		Means of Attack 03		Extent of Injury 03		Domestic Violence 03		Relationship 03	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code O		# 02		V. Type 3		Nature of Call (for Victim, if different from Incident) 22A Fight		Name (Last/Business) (First) (Middle) (Last)													
Address (Street, Apt. Number) City State Zip				Residence Phone Phone Type																			
Business/School/Other Address (Street, Apt. Number) City State Zip				Address Type Business/School/Other Phone Phone Type																			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 07-11-1959		Age 54		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack 1		Extent of Injury 03		Domestic Violence 03		Relationship 03	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code W		# 01		V. Type 3		Nature of Call (for Victim, if different from Incident) 22A Fight		Name (Last/Business) (First) (Middle) (Last)													
Address (Street, Apt. Number) City State Zip				Residence Phone Phone Type																			
Business/School/Other Address (Street, Apt. Number) City State Zip				Address Type Business/School/Other Phone Phone Type																			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 07-11-1959		Age 54		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack 1		Extent of Injury 03		Domestic Violence 03		Relationship 03	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code W		# 02		V. Type 3		Nature of Call (for Victim, if different from Incident) 22A Fight		Name (Last/Business) (First) (Middle) (Last)													
Address (Street, Apt. Number) City State Zip				Residence Phone Phone Type																			
Business/School/Other Address (Street, Apt. Number) City State Zip				Address Type Business/School/Other Phone Phone Type																			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement																			
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth 07-11-1959		Age 54		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack 1		Extent of Injury 03		Domestic Violence 03		Relationship 03	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code W		# 03		V. Type 3		Nature of Call (for Victim, if different from Incident) 22A Fight		Name (Last/Business) (First) (Middle) (Last)													
Address (Street, Apt. Number) City State Zip				Residence Phone Phone Type																			
Business/School/Other Address (Street, Apt. Number) City State Zip				Address Type Business/School/Other Phone Phone Type																			
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement																			

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

ADMINISTRATIVE

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	Build	Facial Features			Speech/Voice	Deformity	Glasses		
If Subject:		Demeanor	Mask	Weapon Type			If Arrested:		Subject Was Already In Custody?		Warrant From:
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:			Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 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.											

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	Build	Facial Features			Speech/Voice	Deformity	Glasses		
If Subject:		Demeanor	Mask	Weapon Type			If Arrested:		Subject Was Already In Custody?		Warrant From:
Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:			Mental Condition:		Doctor Name:		Dentist Name:		
Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?	
1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 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.											

1 On the above date and time, I responded to 3863 Nova Road (Salsa's Mexican Restaurant) in reference to a physical disturbance. Upon arriving
 2 on scene, I made contact with a white female, who was identified as _____ was bleeding from her lower lip and was visually
 3 upset.
 4
 5 At that time, _____ stated that she was driving on Nova Road when another driver, who was later identified as Brian Hazen, cut her off
 6 _____ and B. Hazen then turned into the parking lot of the aforementioned address when B. Hazen continued to slam on his breaks.
 7 began honking her horn when B. Hazen exited his vehicle and approached _____ vehicle. B. Hazen then presented a badge and identified
 8 himself as a law enforcement officer. B. Hazen then returned to his vehicle and parked in said parking lot _____ parked her vehicle as well
 9 and went into Amscot. Shortly after that _____ noticed B. Hazen's vehicle parked in the parking lot and approached said vehicle to obtain
 10 photographs of the license plate. B. Hazen was located near his vehicle and started to verbally argue with _____. At that time, B. Hazen

Final Case Status:	Final Case Status: _____	1. Arrest/Adult	2. Arrest/Juv.	3. Exceptional/Adult	4. Exceptional/Juv.	5. Closed	6. Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. SOLO	Date:	By:	<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel	
Connecting Report Number:	Agency:	Additional Forms Attached:			<input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____					
Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
Burch, Joshua				PO4130	12A15	04-22-2014				
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

PORT ORANGE POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVENT	Report Date 04-22-2014	Report Time 1831	Orig. Reported Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1. Original 2. Supplement <u>1</u>
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NARRATIVE / CONTINUATION

11 approached _____ and began shouting in her face. _____ aid she felt threatened because B. Hazen was standing in front of her and
 12 was face to face with her. Subsequently, _____ said she pushed B. Hazen to get him away from her. B. Hazen responded by striking
 13 the face, causing a laceration on her lower lip. At that time, a witness, who was later identified as Peter Ferreira, intervened and
 14 separated _____ and B. Hazen without further incident.
 15
 16 _____ refused medical treatment.
 17
 18 _____ completed a sworn written affidavit in reference to this incident. Additionally, _____ indicated that she intended to prosecute and
 19 signed an Affidavit of Prosecution.
 20
 21 _____ was issued a Victim/Witness Rights brochure and signed a receipt for said brochure.
 22
 23 Shortly after that, I made contact with B. Hazen, who stated that he was traveling on Nova Road when _____ began honking her horn at him.
 24 B. Hazen said that when he pulled into the parking lot of the aforementioned address, _____ followed him closely and continued to honk her
 25 horn. At that time, B. Hazen approached _____ vehicle and identified himself as a Volusia County Deputy Sheriff. _____ began shouting
 26 at B. Hazen and called him an "old pervert". _____ drove around B. Hazen and spat at him as she drove past. At that time, B. Hazen parked
 27 his vehicle in the aforementioned parking lot and entered Salsa's Mexican Restaurant. Shortly after that, B. Hazen went out to his vehicle to put an
 28 item inside of it when he was approached by _____ and her sister, who was identified as _____. At that time, H. Carlson began
 29 taking photographs of B. Hazen and his vehicle. B. Hazen advised _____ and A. Mendoza that he was going to call 911 if they did not stop
 30 taking photographs. B. Hazen then began walking towards Salsa's Mexican Restaurant in an attempt to deescalate the situation when _____
 31 and A. Mendoza began to follow him while shouting obscenities. _____ and A. Mendoza were walking next to B. Hazen when
 32 struck B. Hazen from his left side, striking him in the back of his head. B. Hazen was stunned and responded to the blow by striking _____ in in
 33 the mouth with his hand. B. Hazen shouted at _____ to stop hitting him. B. Hazen then called 911 and located away from _____ without
 34 further incident.
 35
 36 B. Hazen denied any injuries and refused medical treatment.
 37
 38 B. Hazen completed a sworn written affidavit in reference to this incident. Additionally, B. Hazen stated that he did not wish to prosecute and
 39 signed a refusal to prosecute.
 40
 41 At that time, I made contact with P. Ferreira. P. Ferreira stated that he was waiting outside of Salsa's Mexican Restaurant when he witnesser
 42 _____ Mendoza, and B. Hazen walking together in a side by side manner. _____, A. Mendoza, and B. Hazen all appeared to be verbally
 43 arguing when _____ slapped B. Hazen in the shoulder and neck area "a couple of times". B. Hazen told _____ to stop hitting him and
 44 then struck her in the mouth with his hand. P. Ferreira intervened and separated B. Hazen and _____ without further incident. P. Ferreira then
 45 called 911.
 46
 47 P. Ferreira completed a sworn written affidavit in reference to this incident.
 48
 49 Shortly after that, I made contact with an additional witness, who was identified as Sandra DiNitto. S. DiNitto stated that she and her friend, who
 50 was identified as Suzanne Sattler, were walking to Salsa's Mexican Restaurant when they witnessed _____ / A. Mendoza, and B. Hazen
 51 walking together and verbally arguing. B. Hazen began to shout loudly when _____ struck him in his shoulder. B. Hazen then struck
 52 _____ the mouth and shouted "you don't hit me". At that time, P. Ferreira intervened and asked B. Hazen why he struck _____. B. Hazen
 53 became loud and argumentative with P. Ferreira.
 54
 55 S. DiNitto completed a sworn written affidavit in reference to this incident.
 56
 57 Due to the totality of the my investigation and the discrepancies found with _____ statements and those of independent witness statements,
 58 it was determined that _____ committed battery on B. Hazen initially and B. Hazen responded by striking _____. Neither _____ or B.
 59 Hazen were issued any charges in reference to this incident.
 60
 61 Photographs were obtained on scene and were submitted into evidence at Port Orange Police Department as item #1.
 62
 63 For information purposes only.

ADMINISTRATIVE	Final Case Status:	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"/> Triad <input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA / 07 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh / Tow Sheet <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed Burch, Joshua	Officer Reporting - Signature		ID Number PO4130	Unit 12A15
Officer Reviewing - Printed (if Applicable)	Officer Reviewing - Signature (if Applicable)		ID Number	Unit	
				Date 04-22-2014	

PORT ORANGE POLICE DEPARTMENT

ADDITIONAL PERSONS REPORT

EVENT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)				Agency Report Number		1. Original 2. Supplement								
	04-22-2014	1831	04-22-2014	22A Fight				140003721		1								
CODES	VW Code		Victim/Subject Type		Address/Phone Type			Race		Sex		Residence Type		Residence Status				
	V-Victim W-Witness R-Reporting Person		0 N/A 1 Juvenile 2 L.E. Officer 3 Adult		B Business/Work C Call H Home			N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		M-Male F-Female U-Unknown		D. N/A 1 City 2 County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		
VICTIM/WITNESS	Means of Attack			Extent of Injury			Domestic Violence		Victim Relationship to Offender									
	F-Firearm K-Knife/Cutting Inst.			00. N/A 01. Gunshot 02. Stabbed			1. Yes 2. No		S-Spouse P-Parent C-Child									
VICTIM/WITNESS	Offense Indicator		VW Code		Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First)		(Middle)							
	1. #1 2. #2		W 04		22A Fight		Mendora		- Rebecca		H							
VICTIM/WITNESS	Offense Indicator			VW Code		Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First)		(Middle)						
	1. #1 2. #2			W 05		22A Fight		Mendora		Adriana		N						
VICTIM/WITNESS	Offense Indicator			VW Code		Nature of Call (for Victim, if Different from Incident)		Name (Last/Business)		(First)		(Middle)						
	1. #1 2. #2			W 06		22A Fight		Fuit		Pamela		M						
SUBJECT / MISSING SECTION	Date of Birth		Age		Ethnicity		Res. Type		Res. Status		Means of Attack		Extent of Injury		Domestic Violence		Relationship	
	12-31-1960		53		N													
IF MISSING	Date of Last Contact		Date of Emancipation		Caution		Caution Reason		Personal Habits (Drugs / Alcohol)									
IF MISSING	May Be With:		Physical Condition:			Mental Condition:			Doctor Name:		Dentist Name:							
IF MISSING	Incident Type		Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?							
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 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							
ADMIN.	Officer Reporting - Printed				Officer Reporting - Signature				ID. Number		Unit		Date					
	Burch, Joshua								PO4130		12A15		04-22-2014					
IF MISSING	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date					

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.

PORT ORANGE POLICE DEPARTMENT

PROPERTY REPORT

EVENT	Report Date 04-22-2014	Report Time 1831	Original Incident Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1. Original 2. Supplement 1					
THEFT	Type Theft 00	Type Theft Codes 00 N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public 09. From Vehicle 11. By Computer 13. Bicycle 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine Access Bldg. 10. Extortion 12. Fraud 14. Motor Vehicle Parts									
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned			
DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Products/Cultivate	Z Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number						cd containing photos			
			2	01	1	R	CDISC	Forfeiture Y / N: F.W.T.C. (Y/N) Value \$1.00			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number									
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number									
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number									
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
CHAIN OF CUSTODY	Item #	Date	Time	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date	Time	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date	Time	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date	Time	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date	Time	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed Burch, Joshua	Officer Reporting - Signature			ID. Number PO4130	Unit 12A15	Date 04-22-2014				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

PORT ORANGE POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 04-23-2014	Report Time 1052	Orig. Reported Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1. Original	2. Supplement
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1 The following supplement was completed by Officer B. Johnson:

2

3 On 04/23/2014 at approximately 1052 hrs, I responded to 4545 Clyde Morris Blvd (Port Orange Police Department) where I contacted Deputy

4 Hazen from the Volusia County Sheriff's Office (VCSO). Deputy Hazen advised he wished to file criminal charges against _____ for

5 Battery on a Law Enforcement Officer (FSS 784.07). Deputy Hazen completed and signed a sworn Voluntary Witness Statement and an Affidavit

6 of Prosecution.

7

8 No further action taken by this officer.

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status:	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"/> Trad	<input type="checkbox"/> SA Referral
<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:	Agency:	<input type="checkbox"/> FCIC / NCIC Cancel	By:	
Connecting Report Number:	Agency:	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Parsons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed Johnson, Brian	Officer Reporting - Signature		ID. Number PO3949	Unit	Date 04-23-2014
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

PORT ORANGE POLICE DEPARTMENT

PROPERTY REPORT

Page 1 of 1 Pages

EVENT	Report Date 04-26-2014	Report Time 2230	Original Incident Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1. Original 2 Supplement 2					
THEFT	Type Theft 00	Type Theft Codes 00 N/A 01. Burglary 02. Robbery 03. Shoplifting	04. Pocket Picking 05. Purse Snatching	06. Embezzlement 07. From Coin Oper. Machine	08. From Public Access Bldg.	09. From Vehicle 10. Extortion	11. By Computer 12. Fraud	13. Bicycle 14. Motor Vehicle Parts	99. Other		
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned			
DRUG	Category Code B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment	E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec. Equip. T-Toxic Chemicals	V-Viewing Equip (Binoculars) W. Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JEWELRY, Etc.)					
PROPERTY	Activity P Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y/N:	F.W.T.C. (Y/N)	Value			
			\$		04-22-2014			\$			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y/N:	F.W.T.C. (Y/N)	Value			
			\$					\$			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y/N:	F.W.T.C. (Y/N)	Value			
			\$					\$			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number	Value Recovered:		Date Recovered:	Forfeiture Y/N:	F.W.T.C. (Y/N)	Value			
			\$					\$			
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed Marotte, Barry	Officer Reporting - Signature	ID. Number PO3653	Unit	Date 04-26-2014						
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date						

PORT ORANGE POLICE DEPARTMENT

PROPERTY REPORT

EVENT	Report Date 04-27-2014	Report Time 0600	Original Incident Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1. Original 2. Supplement 2		
THEFT	Type Theft 00	Type Theft Codes 00: N/A 01: Burglary 02: Robbery 03: Shoplifting 04: Pocket Picking 05: Purse Snatching	06: Embezzlement 07: From Coin Oper. Machine	08: From Public Access Bldg.	09: From Vehicle 10: Extortion	11: By Computer 12: Fraud	13: Bicycle 14: Motor Vehicle Parts	99: Other
PERSON	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release	5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered)	8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen	12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner	16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned
CODES	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment	E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec Equip T-Toxic Chemicals	V Viewing Equip (Binoculars) W Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JWLRY, Etc.)		
DRUG	Activity P. Possess S. Sell B Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other
PROPERTY	Leave Blank	Person Code #	Pers. Invl. #	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number		01	1	R	CDISC	CD containing audio of statements
								Value Recovered: \$ Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value \$1.00
	If Article Qty	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity Unit Estimated Street Value \$
	If Gun Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type
PROPERTY	Leave Blank	Person Code #	Pers. Invl. #	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number						Value Recovered: \$ Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value \$
	If Article Qty	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity Unit Estimated Street Value \$
	If Gun Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type
PROPERTY	Leave Blank	Person Code #	Pers. Invl. #	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number						Value Recovered: \$ Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value \$
	If Article Qty	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity Unit Estimated Street Value \$
	If Gun Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type
PROPERTY	Leave Blank	Person Code #	Pers. Invl. #	Item #	Status	Category	Article	Description
	Serial Number	Owner Applied Number						Value Recovered: \$ Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value \$
	If Article Qty	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity Unit Estimated Street Value \$
	If Gun Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank:			Reason for Change:				
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank:			Reason for Change:				
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank:			Reason for Change:				
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank:			Reason for Change:				
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank:			Reason for Change:				
ADMIN.	Officer Reporting - Printed Burch, Joshua	Officer Reporting - Signature	ID. Number PO4130	Unit 12A15	Date 04-27-2014	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number Unit Date

PORT ORANGE POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date 04-26-2014	Report Time 2230	Orig. Reported Date 04-22-2014	Nature of Call (for Incident) 22A	Agency Report Number 140003721	1 Original 2 Supplement
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NARRATIVE / CONTINUATION

1 On 4-22-2014 at approximately 1830 hours Ofc Burch and I responded to Salsa's Restaurant, 3863 Nova Rd, for a report of a battery. Upon

2 arrival I made contact with off-duty VCSO Deputy B. Hazen and his wife, Regina Gresham. Dep. Hazen stated that he had inadvertently cut off a

3 vehicle while getting into the turn lane to pull into the parking lot for the restaurant. The vehicle, driven by _____ followed closely on

4 his bumper beeping the horn the entire way into the parking lot until Dep. Hazen stopped in the roadway. An independent witness verified that

5 _____ was laying on her horn the entire way into the parking lot until Dep. Hazen stopped his vehicle. Dep. Hazen stated he got out of his

6 vehicle and walked back to the vehicle driven by _____ and showed her his VCSO badge and credentials attempting to get her to stop the

7 aggressive behavior. Dep. Hazen stated that he parked his vehicle on the south side of Space Coast Credit Union as the parking lot was

8 extremely filled up. Dep. Hazen stated that he and Regina walked into the restaurant and then he returned to the vehicle with an item that their

9 dinner guests had given to Regina. When Dep. Hazen approached his vehicle he observed _____ and Adrian Mendoza near his vehicle. Dep.

10 Hazen stated that words were exchanged and as he was walking back to the restaurant, he was struck in the shoulder several times by

11 who was walking beside him. Dep. Hazen stated that he struck _____ to get her away from him, hitting her in the lip. Dep. Hazen had a cut on

12 his finger that he said was caused by _____ teeth. Meanwhile, Ofc Burch was interviewing _____ and Mendoza about the incident. Sgt

13 Magee arrived on-scene during this time. _____ mother arrived on-scene and stated that she wished to pursue charges. Believing at the time

14 that there was evidence for both parties to pursue charges, I allowed _____'s mother to sign an intent to prosecute. Upon further investigation it

15 was revealed that _____ was the aggressor in the case and her mother was advised of this information. Dep. Hazen signed a refusal to

16 cooperate. My audio recording of the incident was placed into evidence.

ADMINISTRATIVE	Final Case Status	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"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed Marotte, Barry	Officer Reporting - Signature	ID. Number PO3653	Unit	Date 04-27-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

Name of Person Signing: <u>DOMENICO CARALSON FOR</u>		Case Number: <u>140003721</u>	
Type of Incident: <u>BATTERY</u>	Officer: <u>MAROTTA</u>	Unit ID # <u>3653</u>	Date: <u>4-22-14</u>

CONSENT TO SEARCH

[Initial], consent and agree to allow the Port Orange Police Officers to search my _____, located at _____, I further consent and agree to allow Port Orange Police Officers to search areas located within, and all buildings, structures, and vehicles adjacent, including all containers located therein. My consent and agreement search is freely and voluntarily given. I understand that I may refuse to allow Port Orange Police Officers to search.

FORGED CHECK SIGNATURE AFFIDAVIT

_____ being duly sworn according to law deposes and says that check no. _____, purported to be signed by _____, drawn on the _____, dated _____, and made payable to the order of _____ signature which appears on said check is not his/her signature nor did his/she authorize said signature to be made. The affiant further states at he/she never received any benefit from said check or any part thereof, and further states that he/she did not present this check for negotiation or payment.

VEHICLE CONSENT TO SEARCH

Location: _____ I, _____, have been informed of the following:

1. There are no promises of anything in return for my consent to search.
2. I have the right to refuse to consent to a search.
3. Anything found in the search may be used against me in court.
4. My consent to search is freely and voluntarily given.

I hereby authorize Officers of the Port Orange Police Department to conduct a complete search of every part of my vehicle and the contents within it, including but not limited to the passenger compartment, the trunk, glove compartment, engine area, and sealed containers or luggage.

Vehicle: _____ Tag: _____ State: _____ Year: _____ Vin: _____
Registered Owner: _____ Address: _____

AFFIDAVIT OF PROSECUTION

[Initial] being duly sworn, depose and say that on 4-22, 2014, in the State of Florida and the County of Duval, one BRIAN HAZEN, who resides at _____, did the following:
SUBJECT DID KNOWINGLY AND WILLFULLY STRIKE ANOTHER AGAINST THEIR WILL.

(Include property taken or entered, etc.)
I, the undersigned, certify that I am the victim in the above case and do wish to prosecute. I understand that if criminal charges are filed, there will be no dismissal of said charges. I agree to appear at trial and other times as required in order to bring this matter to court.

I do swear or affirm that the above statement(s) is/are true and correct and subscribed before me, the undersigned authority, this 22ND day of APR, 2014.

(Signature of Notary Public / Law Enforcement Officer)
DPI MAROTTA 3653 (Printed Name of Notary / Law Enforcement Officer - ID #)
Above Person Personally Known Above Person Produced Identification Type ID FL/DL

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4/22/14
CASE NUMBER 140003721
PAGE NUMBER 1

(PLEASE PRINT)
NAME _____
(LAST)
HOME ADDRESS _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)
EMPLOYMENT ADDRESS _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)
OCCUPATION _____
PHONE NUMBERS _____ (HOME) _____ (WORK) _____ (CELL)
EMAIL _____
DRIVER'S LICENSE NUMBER _____ (EXPIRES) _____ (STATE/CATEGORY) _____ DATE OF BIRTH _____ (MM/DD/YY)
HEIGHT _____ (FEET/IN) _____ WEIGHT _____ (POUNDS) _____ COLOR HAIR _____ COLOR EYES _____
CITIZENSHIP _____ (COUNTRY) _____ PLACE OF BIRTH _____ (CITY/STATE/COUNTRY)
SEX _____ (MALE/FEMALE) _____ RACE _____ MARITAL STATUS _____ (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

The man cut me off and almost caused a wreck on Nov 1 and then I was able to stop. We turned into the parking lot and he kept slamming on his breaks so I honked my horn because he was about to cause an accident. He parked his truck in the lane and cut out. He approached my window screaming out of control. He was leaning in my window. He flashed a badge but I wasn't sure what it was. After a minute I honked, I walked over to get his license plate number. He was by his truck and started

CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFORE ME DFL MATTHEW 365
THE UNDERSIGNED AUTHORITY, THIS 22ND
DAY OF APR, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
SIGNATURE OF AFFIANT

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 04 22 14
CASE NUMBER 140005721
PAGE NUMBER 01

(PLEASE PRINT)

NAME HAZEN RELAN _____
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS _____ (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS UCSO _____ (STATE) (ZIP CODE)
(STREET) (CITY)
OCCUPATION DEPUTY
PHONE NUMBERS () 239-7878 ()
(HOME) (WORK) (CELL)
EMAIL _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____
(NUMBER) (STATE) (CLASS) (M/D/Y)
HEIGHT _____ / EIGHT _____ COLOR HAIR _____ COLOR EYES _____
(FEET/INCHES) (POUNDS)
CITIZENSHIP _____ PLACE OF BIRTH _____
(COUNTRY) (CITY/STATE/COUNTRY)
SEX M RACE W MARITAL STATUS _____
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

MYSELF AND DR GINA GRESHAM WERE EB ON DUNNANTON AV. TURNED TO GO SB ON NOVA MERGED TO INSIDE LANE TO GET INTO L-TURN LANE. TRAFFIC HAD STOPPED SO I BRAKED TO AVOID TRAFFIC W/F DRIVER IN VIEW BEHIND STARTED BLOWING HORN. WHEN TRAFFIC STARTED MOVING SB IN DID AS WELL + ENTERED L-TURN LANE TO SALVA'S REST. W/F FOLLOVED INTO L TURN LANE. LIGHT WAS RED. LIGHT TURNED GREEN, I TURNED INTO PLAZA W/F STARTED BLOWING HORN. I LOOKED IN THE MIRROR AND COULD NOT SEE HER VEHICLE BECRUSE IT WAS SO CLOSE TO THE REAR OF MY CAR. I STOPPED AND ID'ED MYSELF WITH MY BADGE + UCSO ID. THEY IMMEDIATELY STARTED SAYING →
CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFOR ME DEC. J. SUE
THE UNDERSIGNED AUTHORITY, THIS 22
DAY OF Apr 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER DEC. J. SUE 4:30

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
SIGNATURE OF AFFIANT

GET HIS PICTURE AND CALLING ME SOME SORT OF OLD PERVERT. I TOLD THEM TO CHILL OUT AND GOT BACK INTO MY VEHICLE. THEY DROVE AROUND ME AND AS THEY DID THEY GAVE ME THE FINGER AND SPIT AT ME AS THEY WENT BY. I DROVE TO MY RIGHT, THEY WENT LEFT. I PARKED THE VEHICLE AT THE SOUTH END OF THE PLAZA AND WENT IN TO SALSAS. 5 MIN LATER I EXITED SALSAS WITH A BAG GRESHAM HAD PURCHASED. I WALKED TO MY VEH. AND PUT THE BAG IN MY VEH. WHEN I CLOSED THE DOOR, THE TWO FEMALES WERE WALKING TOWARDS ME TAKING PICTURES OF ME + MY VEHICLE. I TOLD THEM I WOULD CALL 9-1-1 IF THEY DIDNT LEAVE ME ALONE AND THEN WALKED TO THE NORTH TO GET AWAY FROM THEM. AS I WALKED NB ON THE PLAZA BREEZE WAY THE TWO OF THEM FOLLOWED ME CALLING ME ORSENITIES + "90 YR OLD PERVERT" I CONTINUED TO TRY AND WALK AWAY. THEY STAYED RIGHT BESIDE ME UNTIL THE BIGGER ONE STRUCK ME FROM MY LEFT SIDE. THE BLOW LANDED ON THE BASE OF MY SKULL ON THE LEFT SIDE. I WAS STUNNED AND REACTED BY THROWING A JAB WITH MY RIGHT ~~ARM~~ FIST. I STRUCK HER IN THE MOUTH AND TOLD HER TO STOP. I THEN CALLED 9-1-1 AND SAT DOWN AWAY FROM THE FEMALES. I SAT THERE UNTIL POPE ARRIVED NOT HAVING ANY OTHER CONTACT.

SWORN TO AND SUBSCRIBED BEFOR ME. OFC Burch 4130

THE UNDERSIGNED AUTHORITY, THIS 22

DAY OF April, 20 14

NOTARY PUBLIC _____ OR

L.E. OFFICER OFC. J. 4130

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.


SIGNATURE OF AFFIANT

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4/22/14
CASE NUMBER 3721
PAGE NUMBER 01

(PLEASE PRINT)

NAME Ferreira Peter Manuel
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS 3850 Esplanade Port Orange FL 32129
(STREET) (CITY) (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS 1000 City Center Circle Port Orange FL 32129
(STREET) (CITY) (STATE) (ZIP CODE)
OCCUPATION Recreation Supervisor
PHONE NUMBERS (786) 290-9070 (386) 506-5864 ()
(HOME) (WORK) (CELL)
EMAIL P.Ferreira@port-orange.org

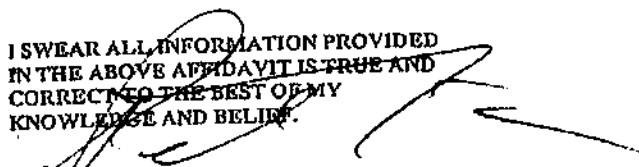
DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH 7/18/84
(NUMBER) (STATE) (CLASS) (MID/Y)
HEIGHT 5/10 WEIGHT 205 COLOR HAIR _____ COLOR EYES Brown
(FEET/INCHES) (POUNDS)
CITIZENSHIP US PLACE OF BIRTH Daytona Beach/FL/US
(COUNTRY) (CITY/STATE/COUNTRY)
SEX MALE RACE white MARITAL STATUS (SINGLE)
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

Saw both females walking next to male and both parties were arguing. Taller female slapped male in the shoulder a couple times. Male yelled "don't hit me" and then turned and punched. Taller female in the mouth. The punch split her lip and she instantly started bleeding. I ran over yelling at the male and got in between both parties and then called the police department. male stated he punched female because she hit him first.

CONTINUE ON BACK IF NECESSARY

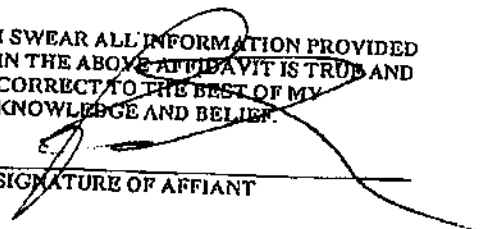
SWORN TO AND SUBSCRIBED BEFORE ME off. J. Buel 4130
THE UNDERSIGNED AUTHORITY, THIS 22
DAY OF April, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER off. J. Buel 4130

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT

When I saw the 3 of them walking
the male was all the way on the left
w/ both females walking to his right.

SWORN TO AND SUBSCRIBED BEFORE ME Off Burch 4130
THE UNDERSIGNED AUTHORITY, THIS 22
DAY OF April, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER Off J. [Signature] 4130

I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.


SIGNATURE OF AFFIANT

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4/22/14
CASE NUMBER 140003721
PAGE NUMBER 1

(PLEASE PRINT)

NAME D'Nitto Sandra L
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS 756 Flynn Rd. Rochester NY 14622
(STREET) (CITY) (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS N/A (Retired)
(STREET) (CITY) (STATE) (ZIP CODE)
OCCUPATION _____
PHONE NUMBERS 585, 392-3307 () 585, 261-8953
(HOME) (WORK) (CELL)
EMAIL _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____
(NUMBER) (STATE) (CLASS) (M/D/Y)
HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____
(FEET/INCHES) (POUNDS)
CITIZENSHIP _____ PLACE OF BIRTH _____
(COUNTRY) (CITY/STATE/COUNTRY)
SEX _____ RACE _____ MARITAL STATUS _____
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

My friend and I were walking toward the restaurant when we heard loud voices in front of us. Two girls and a man were arguing, although at first we thought they were just fooling around. Before you know it, the man was in the girl's face yelling some curse words with a scary, crazed tone of voice. The girl swatted him and said something like "get out of my face." He immediately slugged her in the mouth and yelled, "you don't hit me, you don't hit me." At that point, another man approached him and asked why he did what he just did. He became argumentative and again very loud. The girl who was hit was screaming and holding her mouth as blood poured out. We then entered the restaurant, quite un-nerved!

CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFORE ME OFF MANOTTA, 265
THE UNDERSIGNED AUTHORITY, THIS 22nd
DAY OF APR, 20 14
NOTARY PUBLIC _____ OR _____
L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
Sandra D'Nitto
SIGNATURE OF AFFIANT

Port Orange Police Department
Voluntary Witness Statement

State of Florida
County of Volusia
City of Port Orange

Date: 4/22/14
Case#: 140003721
Page: 1 of 2

(Please Print)

Name: Sattler Suzanne E.
(Last) (First) (Middle)

Home Address: 7 Chariot Lane Rochester, N.Y. 14624
(Street) (City) (State) (Zip)

Employment Address: N/A
(Street) (City) (State) (Zip)

Occupation: Retired

Phone Numbers: () (Home) () (Work) (585) 613-5385 (Mobile)

Driver License#: _____ Date of Birth: / /

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Citizenship: _____ (Country) Place of Birth: _____ (City-State-Country)

Sex: _____ Race: _____ Marital Status: _____

with the
2 girls on the
outside.

BEFORE ME THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

Gentleman ~~name~~ was on side closest to Bldg. 2 Girls + Gentleman walked out of parking lot together onto plaza walkway. they were in conversation kind of sassy like. It appeared to me they were father daughters. their voices got louder the gentleman raised his voice to her she ~~shouted~~ him saying "Get out of my face" and then he side punched her with his fist which caused her to scream and turn around at which we discovered she was bleeding from the mouth. A young gentleman who was on the bench outside hollered down to the gentleman saying "what the hell are you doing you don't punch her" the gentleman said "well she

(CONTINUE ON BACK IF NECESSARY)

SWORN TO AND SUBSCRIBED BEFORE ME DC 1110-11 365
THE UNDERSIGNED AUTHORITY, THIS 22nd DAY OF APR 2014
NOTARY PUBLIC _____ OR
LAW ENFORCEMENT OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF
[Signature]
(SIGNATURE OF AFFIANT)

(AFFIDAVIT CONTINUATION)

punched me first" the Young gentleman told the
Older Gentleman "there is no reason that gives you
the right to hit her". The younger gentleman said
"I am calling the cops" the Older gentleman said "
"I am calling them too."

SWORN TO AND SUBSCRIBED BEFORE ME Officer MATTI 3653
THE UNDERSIGNED AUTHORITY, THIS 22ND DAY OF APR 20 14
NOTARY PUBLIC _____ OR _____
LAW ENFORCEMENT OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE
ABOVE AFFIDAVIT IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE AND BELIEF.
[Signature]
(SIGNATURE OF AFFIANT)

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4/22/14
CASE NUMBER 140003721
PAGE NUMBER 1

(PLEASE PRINT)

NAME: Mendoza Adriana N
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS 1007 Third Street PO FL 32129
(STREET) (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS Subway SD FL 32119
(STREET) (CITY) (STATE) (ZIP CODE)
OCCUPATION Sandwich artist
PHONE NUMBER(S) (386) 866-8140 (386) 506-7228
(HOME) (WORK) (CELL)
EMAIL Adrianamendoza67@yahoo.com
DRIVERS LICENSE NUMBER _____ DATE OF BIRTH 01/12/95
(NUMBER) (STATE) (CLASS) (M/D/Y)
HEIGHT 5'5" WEIGHT 110 HAIR COLOR brown EYE COLOR hazel
(FEET/INCHES) (POUNDS)
CITIZENSHIP USA PLACE OF BIRTH Peoria, IL, USA
(COUNTRY) (CITY/STATE/COUNTRY)
SEX F RACE White MARITAL STATUS single
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

After road rage from the man,
went to get his license plate #.
He got mad, cursed and followed us
After he got ~~in~~ in Hannah's face
So Hannah nudged him off. The
man cocked his hand back and
proceeded to punch Hannah in the
face. He busted open her lip and
she tried to follow. Hannah got
away and many people called the
cops. Lots of people saw this and
can provide the same information.

CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFORE ME On 4/22/14
THE UNDERSIGNED AUTHORITY, THIS 2nd
DAY OF April, 2014
NOTARY PUBLIC _____ OR
L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Adriana Mendoza
SIGNATURE OF AFFIANT

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4-22-14
CASE NUMBER 14000771
PAGE NUMBER 1

(PLEASE PRINT)

NAME Gresham Regina H.
HOME ADDRESS _____ (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS _____ (STATE) (ZIP CODE)
OCCUPATION _____
PHONE NUMBERS (HOME) _____ (WORK) _____ (CELL) _____
EMAIL _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____
HEIGHT _____ WEIGHT _____ COLOR HAIR _____ OLOR EYES _____
CITIZENSHIP _____ PLACE OF BIRTH _____
SEX _____ RACE _____ MARITAL STATUS _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

We turned onto Nova from Dunlawton & merged into traffic. As we ^{were} approaching the red light traffic stepped down to lg. # 2 vehicles. The girl behind us started blowing her horn and tailgating. As we turned left into Publix plaza she followed & continued laying on the horn, was right on our bumper. As we approached the next stop sign her horn still blaring. Brian got out & showed his badge, asked her to lay off the horn & chill-out. She was screaming @ Brian calling him an "old mother fucker" & other slurs. The other girl in the passenger seat (grey suit long hair) was also screaming & flipping us off, spitting, etc. As Brian entered the vehicle she drove around us still screaming, etc. The grey suited blonde girl was flipping us off & spitting @ us again. I exited the vehicle to enter the restaurant. The girls parked on the other side of Sells to the left & Brian parked @ the end of the plaza on the right. I watched as the girls entered the restaurant. I exited the restaurant as the girl was screaming. She hit me, the mother fucker hit me. The mother later arrived as started screaming that Brian was a woman hater & that she always hit me. She was screaming, investigating the crowd.

THE UNDERSIGNED AUTHORITY, THIS 22ND
DAY OF APR, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER _____

CONTINUE ON BACK IF NECESSARY.
I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Regina H. Gresham
SIGNATURE OF AFFIANT

shouting disertes. As I walked near the front of the
restaurant after the mother arrived, she began
shouting @ me again saying "I bet you are getting yours from
him. ~~But~~ But he treats you too huh?"

SWORN TO AND SUBSCRIBED BEFORE ME. OFC MANTZ 3653

THE UNDERSIGNED AUTHORITY, THIS 22ND

DAY OF APR, 20 14

NOTARY PUBLIC _____ OR

L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF

[Signature]
SIGNATURE OF AFFIANT

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 4-22-14
CASE NUMBER 14009374
PAGE NUMBER 1

(PLEASE PRINT)

NAME Fruit Pamela M
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS 855 Pine Forest Tr. W, Port Orange, FL
(STREET) (CITY) (STATE) (ZIP CODE)
EMPLOYMENT ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)
OCCUPATION self employed
PHONE NUMBERS 386 290-1766, same
(HOME) (WORK) (CELL)
EMAIL astrogal32@yahoo.com
DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH 12/31/60
HEIGHT 5'9 WEIGHT 105 COLOR HAIR Brown COLOR EYES Brown
(FEET/INCHES) (POUNDS) (STATE) (CLASS) (M/D/Y)
CITIZENSHIP USA PLACE OF BIRTH Chicago
(COUNTRY) (CITY/STATE/COUNTRY)
SEX F RACE W MARITAL STATUS Married
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

AS I WAS coming in to the restaurant (SALSA'S) to eat a black truck was in front of a small car that was "laying on" the horn and young girls were in the car - with the window down and I heard them laughing, so I thought they knew each other. The next thing I know, the guy gets out of his black truck holding something (a badge? a cell phone) and showing it to them and yells something like "you want to get off my ass" or "you still want to ride my ass". The next thing I saw was the guy ->

CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFORE ME Debra Matthews
THE UNDERSIGNED AUTHORITY, THIS 22nd
DAY OF Apr, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
[Signature]
SIGNATURE OF AFFIANT

in the black truck dropped off his lady
passenger and was looking for parking.
He joined his friends in the front of
the restaurant waiting for a table. I
went in the restaurant to check on
our table (several minutes after
above) then when I came out - a
girl was running from the right
yelling you hit my sister and I saw
another girl with a bloody lip. Did
not see anything of this incident

SWORN TO AND SUBSCRIBED BEFORE ME Deanna 3653
THE UNDERSIGNED AUTHORITY, THIS 2nd
DAY OF APR, 20 14
NOTARY PUBLIC [Signature]
L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.
[Signature]
SIGNATURE OF AFFIANT

Name of Person Signing: RIHAN K HAZEN Case Number: 14000 3721

Date of Incident: BATTERY ON CEO Officer: JOHNSON Unit ID #: 3949 Date: 4/25/14

CONSENT TO SEARCH

Initial: _____, consent and agree to allow the Port Orange Police Officers to search my _____ located at _____.

I further consent and agree to allow Port Orange Police Officers to search areas located within, and all buildings, structures, and vehicles adjacent, including all containers located therein. My consent and agreement to search is freely and voluntarily given. I understand that I may refuse to allow Port Orange Police Officers to search.

FORGED CHECK SIGNATURE AFFIDAVIT

_____ being duly sworn according to law deposes and says that check no. _____, purported to be signed by _____, drawn on the _____, dated _____, and made payable to the order of _____.

The signature which appears on said check is not his/her signature nor did his/she authorize said signature to be made. The affiant further states he/she never received any benefit from said check or any part thereof, and further states that he/she did not present this check for negotiation or payment.

VEHICLE CONSENT TO SEARCH

Location: _____ I, _____ have been informed of the following:

1. There are no promises of anything in return for my consent to search.
2. I have the right to refuse to consent to a search.
3. Anything found in the search may be used against me in court.
4. My consent to search is freely and voluntarily given.

I hereby authorize Officers of the Port Orange Police Department to conduct a complete search of every part of my vehicle and the contents in it, including but not limited to the passenger compartment, the trunk, glove compartment, engine area, and sealed containers or storage.

Vehicle: _____ Tag: _____ State: _____ Year: _____ Vin: _____

Registered Owner: _____ Address: _____

AFFIDAVIT OF PROSECUTION

Initial: BH being duly sworn, depose and say that on APRIL 22, 2014, in the State of Florida and the County of _____, one _____ who resides at _____, SE, did the following:

BATTERY ON LAW ENFORCEMENT OFFICER

(Include property taken or entered, etc.)

I, the undersigned, certify that I am the victim in the above case and do wish to prosecute. I understand that if criminal charges are filed, there will be no dismissal of said charges. I agree to appear at trial and other times as required in order to bring this matter to court.

I swear or affirm that the above statement(s) is/are true and correct. _____ DEPUTY SHERIFF 7496 Signature

Notary to and subscribed before me, the undersigned authority, this 23 day of _____, APRIL, 2014.

(Signature of Notary Public / Law Enforcement Officer)

OFF. B. JOHNSON #3949
(Printed Name of Notary / Law Enforcement Officer - ID #)

VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA
COUNTY OF VOLUSIA
CITY OF PORT ORANGE

DATE 04/23/2014
CASE NUMBER 14003721
PAGE NUMBER 1 of 2

(PLEASE PRINT)

NAME: Hazen BRIAN K.
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

EMPLOYMENT ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

OCCUPATION A

PHONE NUMBER(S) (3) _____
(HOME) (WORK) (CELL)

EMAIL _____

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____
(NUMBER) (STATE) (CLASS) (M/D/Y)

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____
(FEET/INCHES) (POUNDS)

CITIZENSHIP _____ PLACE OF BIRTH _____
(COUNTRY) (CITY/STATE/COUNTRY)

SEX _____ RACE _____ MARITAL STATUS _____
(MALE/FEMALE) (MARRIED/DIVORCED/SEPARATED/SINGLE)

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED (NAME LISTED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

ON 4-22-14 AT APPROX. 1815-1830 HOURS I WAS INVOLVED
IN A "ROAD RAGE" TYPE INCIDENT. THIS OCCURRED IN THE
2800 BLOCK OF NОВА RD. IT CONTINUED INTO THE
PARKING LOT OF SALSA'S REST WHERE I AS THE VICTIM
 GOT OUT OF MY VEHICLE. I APPROACHED THE DRIVER
 WITH MY DEPT ISSUED IDENTIFICATION CARD AND
 BADGE IN MY RIGHT HAND. I VERRALLY ADVISED
 THE DRIVER FROM THE DRIVERS SIDE OPEN WINDOW
 THAT I WAS A DEPUTY AND TO CALM DOWN.
 I INSTRUCTED THE OCCUPANTS TO JUST LET
 WHATEVER WAS WRONG WITH THEM TO JUST
 LET IT GO" I TURNED WITHOUT FURTHER TALKING
 TO THEM AND RETURNED TO MY VEHICLE.
 I PARKED MY VEHICLE AND WENT INTO
 SALSA'S REST TO JOIN CONTINUE ON BACK IF NECESSARY

SWORN TO AND SUBSCRIBED BEFORE ME DEB B. JOHNSON

THE UNDERSIGNED AUTHORITY, THIS 23

DAY OF APRIL, 20 14

NOTARY PUBLIC _____ OR _____

L.E. OFFICER [Signature] # 3949

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature] N/S 7441
SIGNATURE OF AFFIANT

MY FRIENDS

SEVERAL MINUTES LATER I EXITED
SALSA'S REST. TO BRING SOMETHING TO
MY VEHICLE. I WALKED TO MY VEH. SECURED
THE PROPERTY. WHEN I TURNED AROUND
I WAS CONFRONTED BY THE DRIVER OF
THE CAR AND THE RE PASSENGER FROM THE
ROAD RAGE INCIDENT. THE FEMALES WERE
USUALLY ASSAULTING ME WITH ORCENITIES
AS WELL AS PHOTOGRAPHING THE INCIDENT.
I WALKED AWAY LAUGHING AT THE
ATTITUDES. NOT WANTING A CONFRONT-
ATION THERE I WALKED BACK TOWARDS
SALSA'S REST. BOTH FEMALES FOLLOWED
ME CONTINUING THE ORCENITIES. THE
DRIVER WAS TO MY LEFT THE OTHER
BEHIND ME OR TO MY RIGHT. ABOUT
HALF WAY BACK I JUST PASSED AN ATM
MACHINE I WAS STRUCK WITH WHAT
FEEL LIKE A PUNCH AT THE BASE OF MY
SKULL ON THE LEFT SIDE. I TURNED TO
MY LEFT TO OBSERVE THE DRIVER STANDING
THERE WITH CLOSED FISTS. STUNNED
THAT SHE HIT ME I DEFENDED MY SELF
FROM FURTHER ATTACK BY STRIKING HER IN
THE FACE WITH A CLOSED RIGHT FIST.
SHE AND THE OTHER FEMALE RAN NORTH.
I CALLED 9-1-1 ON MY CELL PHONE TO
REPORT THE INCIDENT. I SAT DOWN IN
A CHAIR IN FRONT OF THE NAIL SALON. I HAD
NO FURTHER CONTACT WITH THE FEMALES AND
WAITED FOR P.O.P.D TO ARRIVE

SWORN TO AND SUBSCRIBED BEFORE ME DE B. JOHNSON
THE UNDERSIGNED AUTHORITY, THIS 23
DAY OF APRIL, 20 14
NOTARY PUBLIC _____ OR
L.E. OFFICER [Signature] # 3419

I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

[Signature] DEP. 7441
SIGNATURE OF AFFIANT

screaming obnoxious. He called me and
"Adriana" slut, white trash, bitches, whores
and whores. We started walking away and
he followed still screaming. He was nose
to nose with me and I poked my
hand on his chest gently and told him
to please get out of my face. I felt
threatened. He then proceeded to
punch my mouth as hard as he
could. I knelt down and ran and
he pushed me. I ran down to Salsas
and they called 911 for help because
my lip was dripping blood and my
whole left side of my face was
numb.

SWORN TO AND SUBSCRIBED BEFORE ME DEE MARIE SW

THE UNDERSIGNED AUTHORITY, THIS 22ND

DAY OF APR, 20 14

NOTARY PUBLIC _____ OR

L.E. OFFICER [Signature]

I SWEAR ALL INFORMATION PROVIDED
IN THE ABOVE AFFIDAVIT IS TRUE AND
CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF

SIGNATURE OF AFFIANT