

7th. Judicial Circuit 707  
Charging Affidavit - Volusia

Nature of Call: 22B

Report Date: 05-05-2008 Report Time: 0855 District: 04

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # \_\_\_\_\_ 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: 080015251
CIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Date Arrested: 05-05-2008 Time of Arrest: 0904
ADDRESS OF ARREST (Street, City, State, Zip): 1242 FEATHER DR. DELTONA FL 32725		Arrested By: Higgins, David	ID Number: 7034
<b>DEFENDANT</b>		A.K.A.: _____	
NAME (Last): 1 KNUDSEN (First): MARY (Middle): BETH	Sex: F Race: W		
DOB: 09-23-1968 Age: 39 Driver's Lic./ ID No.: K532-582-68-843-0	State: FL Year Expires: 2008	S.S.#: _____	
Height: 4' 10" Weight: 135 Hair: BLN Eyes: BLU	P.O.B. (City, State, Country): NEW YORK NY		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos: _____	Business & Occupation: _____	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE		RESIDENCE PHONE	
Address - Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE		RESIDENCE PHONE	
Address - Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE		BUS/SCHOOL PHONE	
<b>CHARGES</b>		DOMESTIC VIOLENCE? Yes <input checked="" type="checkbox"/> Attachments: Affidavit(s)? <input checked="" type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" 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 checked="" type="checkbox"/> ORD <input type="checkbox"/>	FSK #ID: 784.03(1)(A)1	Citation No.: _____ Bond: NONE
#2 Charge: Resist Officer w/o Viol.	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 843.02	Citation No.: _____ Bond: 500
#3 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____
<b>CO-DEFENDANT</b> Co-Def #1, Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/> Co-Def #2, Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>			
#1 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:			
#2 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:			
<b>NARRATIVE</b>			
The undersigned certifies and swears that there is probable cause to believe the above-named defendant,			
on the 05 day of May 2008, at approximately 0855 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
at _____ DELTONA within Volusia County, violated the law and did then and there:			
1 THE DEFENDANT DID WILLFULLY AND INTENTIONALLY STRIKE THE VICTIM, SCOTT KNUDSEN, ON THE HEAD WITH THE REAR DOOR OF			
2 HER VEHICLE. THIS ACT DID NOT INJURE KNUDSEN, HOWEVER IT WAS DONE AGAINST HIS WILL.			
3			
4 THE DEFENDANT AND KNUDSEN ARE CURRENTLY MARRIED AND HAVE LIVED TOGETHER IN THE PAST AS A FAMILY UNIT. KNUDSEN			
5 AND THE DEFENDANT DO HAVE CHILDREN IN COMMON, NONE OF WHOM WERE PRESENT AT THE TIME OF THE INCIDENT.			
6			
7 ON 05-05-2008 DEPUTY HIGGINS RESPONDED TO _____ IN REFERENCE TO A BATTERY. UPON ARRIVAL, DEPUTY HIGGINS			
8 CONTACTED KNUDSEN, SCOTT (V1). KNUDSEN ADVISED HE AND HIS WIFE KNUDSEN, MARY (D1) ARE IN THE PROCESS OF A			
9 DIVORCE. KNUDSEN (V1) ADVISED HIS WIFE HAD ASKED HIM TO GET A TELEVISION REPAIRED. KNUDSEN (V1) HAD MADE THE			
10 NECESSARY ARRANGEMENTS AND HAD COME TO THE HOME TO BE SURE THE REPAIR MAN COULD GAIN ENTRY. KNUDSEN ADVISED			
11 ONCE HOME, HIS WIFE BEGAN A VERBAL ARGUMENT ABOUT HIS BEING THERE. KNUDSEN STATED KNUDSEN (D1) THEN WENT OUT			
12 TO HIS TRUCK AND BEGAN SEARCHING THE DRIVERS COMPARTMENT. KNUDSEN (V1) ADVISED HE WENT TO HER VEHICLE TO DO			
13 THE SAME, KNUDSEN STATED HE WAS SEARCHING IN THE BACK OF HIS WIVES SUV, WHEN SHE CAME OVER AND ATTEMPTED TO			
14 SHUT THE TAILGATE OF THE VEHICLE WHILE HE WAS STILL HALF INSIDE IT. KNUDSEN'S (D1) ACTION CAUSED THE TAILGATE TO			
15 IMPACT THE BACK OF KNUDSEN'S (V1) HEAD. KNUDSEN COMPLETED A WRITTEN STATEMENT.			
<b>NOTICE TO APPEAR</b> MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	
		FINE, AND COSTS AMOUNT: _____	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			
SIGNATURE OF DEFENDANT _____ Date _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____ CITATION No. _____	
Sworn to and subscribed before me, the undersigned this _____ day of _____		I swear/affirm the above statements are correct and true	
Name: _____		OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/>		HIGGINS, DAVID 7034	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		NAME (PRINTED) ID NUMBER	
Type of Identification: _____		Inmate Number & Facility: _____	
<b>OFFICIAL USE ONLY</b>			

Narrative Supplement 707-B

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

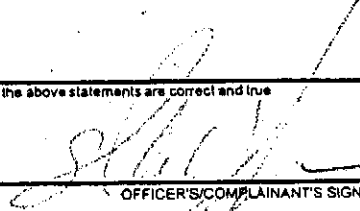
Court Case Number: 080015251

Page # 2 of 3

Defendant (Last) (First) (Middle) Agency Case  
 Name: KNUDSEN MARY BETH Number: 080015251

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"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	

16 DEPUTY HIGGINS CONTACTED KNUDSEN (D1) AT THE FRONT OF THE HOUSE, ON THE DRIVEWAY. WHEN DEPUTY HIGGINS ASKED  
 17 KNUDSEN FOR HER VERSION OF EVENTS SHE REPLIED I'M AFRAID OF MY HUSBAND AND YOU GUYS ARE ALWAYS ARRESTING AND  
 18 BAKER ACTING ME!!!  
 19  
 20 DEPUTY HIGGINS HAS HAD LAW ENFORCEMENT CONTACT WITH KNUDSEN (D1) IN THE PAST AND WAS PRESENT WHEN SHE WAS  
 21 BAKER ACTED ON ONE OCCASION. WITH THIS IN MIND, DEPUTY HIGGINS INTENDED TO CONDUCT HIS INTERVIEW OF KNUDSEN (D1)  
 22 IN THE DRIVEWAY, AWAY FROM KNUDSEN (V1) AND THE POTENTIAL HAZARDS OF KNUDSEN'S (D1) OPEN GARAGE, WHICH WAS TEN  
 23 FEET AWAY.  
 24  
 25 DEPUTY HIGGINS ASKED KNUDSEN WHAT HAD HAPPENED TODAY. KNUDSEN (D1) TURNED AWAY FROM DEPUTY HIGGINS AND  
 26 WALKED TOWARDS THE GARAGE. DEPUTY HIGGINS ADVISED KNUDSEN NOT TO WALK AWAY. KNUDSEN CONTINUED TOWARDS THE  
 27 GARAGE. DUE TO OFFICER SAFETY CONCERNS, DEPUTY HIGGINS RESPONDED BY GRABBING KNUDSEN'S (D1) LEFT WRIST WITH HIS  
 28 LEFT HAND. KNUDSEN (D1) THEN ATTEMPTED TO PULL AWAY FROM DEPUTY HIGGINS HOLD. DEPUTY HIGGINS COMMANDED  
 29 KNUDSEN TO STOP RESISTING AND THEN GRABBED KNUDSEN'S (D1) OTHER WRIST. KNUDSEN THEN CONTINUED TO BREAK  
 30 DEPUTY HIGGINS HOLD BY VIOLENTLY SHAKING HER SHOULDERS BACK AND FORTH. DEPUTY HIGGINS THEN CONDUCTED A TAKE  
 31 DOWN MANEUVER. KNUDSEN (D1) WAS SUCCESSFULLY BROUGHT TO THE GROUND AND SECURED INTO HAND CUFFS. AS A  
 32 RESULT OF THE TAKE DOWN, KNUDSEN'S (D1) NOSE IMPACTED THE DRIVEWAY, CAUSING AN ABRASION TO HER NOSE.  
 33  
 34 BASED ON DEPUTY HIGGINS INVESTIGATION, KNUDSEN (D1) WAS DETERMINED TO BE THE PRIMARY AGGRESSOR. DEPUTY HIGGINS  
 35 ARRESTED KNUDSEN FOR SIMPLE BATTERY (DV). KNUDSEN (D1) WAS ADDITIONALLY CHARGED FOR RESISTING ARREST WITH OUT  
 36 VIOLENCE.  
 37  
 38 DEPUTY HIGGINS CALLED FOR MEDICAL PERSONNEL TO RESPOND AND TREAT TO KNUDSEN'S (D1) INJURY. KNUDSEN (D1)  
 39 COMPLAINED OF A NECK INJURY AND WAS TRANSPORTED TO ORANGE CITY HOSPITAL FOR FURTHER EVALUATION.  
 40  
 41 DEPUTY HIGGINS CONTACTED HIS SHIFT SUPERVISOR AND ADVISED HIM OF THE EVENT. SGT. BARNARD RESPONDED TO THE  
 42 SCENE AND CONTACTED KNUDSEN (V1).  
 43  
 44 DEPUTY HIGGINS PROVIDED KNUDSEN (V1) WITH A DOMESTIC ABUSE RIGHTS AND REMEDIES PAMPHLET AND EXPLAINED HOW TO  
 45 OBTAIN AN INJUNCTION FOR PROTECTION.

Sworn to and subscribed before me, the undersigned		I swear/affirm the above statements are correct and true		Right Thumb
This <u>5</u> day of <u>July</u> , <u>2012</u>		 OFFICER'S/COMPLAINANT'S SIGNATURE		
Name: <u>David Higgins</u>				
Notary Public <input type="checkbox"/>	Law Enforcement Officer <input checked="" type="checkbox"/>	HIGGINS, DAVID		7034
Personally Known <input type="checkbox"/>	Produced Identification <input type="checkbox"/>	NAME (PRINTED)		ID NUMBER
Type of Identification:				

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number: 080015251

Page # 3 of 3

Defendant (Last): KNUDSEN		(First): MARY		(Middle): BETH		Agency Case Number: 080015251	
Name: 1 KNUDSEN		(First): SCOTT		(Middle): T		Vic <input checked="" type="checkbox"/> Wt <input type="checkbox"/>	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Age: 41		DOB: 12-31-1966		SSN:		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (#, Street, City, State): [REDACTED] OVIEDO FL		Zip: 32765		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: VOLUSIA COUNTY FIRE SERVICES DELTONA FL		Zip: 32725		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	
Name: (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]		Vic <input type="checkbox"/> Wt <input type="checkbox"/>		Race: [REDACTED] Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: [REDACTED] DOB: [REDACTED]	
Address (#, Street, City, State): [REDACTED]		Zip: [REDACTED]		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: [REDACTED]		Zip: [REDACTED]		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	
Name: (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]		Vic <input type="checkbox"/> Wt <input type="checkbox"/>		Race: [REDACTED] Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: [REDACTED] DOB: [REDACTED]	
Address (#, Street, City, State): [REDACTED]		Zip: [REDACTED]		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: [REDACTED]		Zip: [REDACTED]		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	
Name: (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]		Vic <input type="checkbox"/> Wt <input type="checkbox"/>		Race: [REDACTED] Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: [REDACTED] DOB: [REDACTED]	
Address (#, Street, City, State): [REDACTED]		Zip: [REDACTED]		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: [REDACTED]		Zip: [REDACTED]		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	
Name: (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]		Vic <input type="checkbox"/> Wt <input type="checkbox"/>		Race: [REDACTED] Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: [REDACTED] DOB: [REDACTED]	
Address (#, Street, City, State): [REDACTED]		Zip: [REDACTED]		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: [REDACTED]		Zip: [REDACTED]		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	
Name: (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]		Vic <input type="checkbox"/> Wt <input type="checkbox"/>		Race: [REDACTED] Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: [REDACTED] DOB: [REDACTED]	
Address (#, Street, City, State): [REDACTED]		Zip: [REDACTED]		Home: [REDACTED]		Phone: [REDACTED]	
Bus/School Address: [REDACTED]		Zip: [REDACTED]		Bus: [REDACTED]		Phone: [REDACTED]	
Relative/Contact Name: [REDACTED]		Relative/Contact Address: [REDACTED]		Phone: [REDACTED]		SSN: [REDACTED]	

## 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.

HIGGINS, DAVID  
Investigating Officer

7034  
ID Number

VC SO  
Agency

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Report Date 05-05-2008	Report Time 0855	Orig. Reported Date 05-05-2008	Nature of Call (for Incident) 22B	Agency Report Number 080015251	1.Original 2.Supplement   2
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EVENT

1 On Monday, 05/05/08, at approximately 0902 hours, Deputy Shirah responded to [REDACTED] Deltona, in reference to a disturbance.

2 Upon arrival, Deputy Shirah exited his patrol vehicle and observed Knudsen, Mary(D1) lying face down on her driveway and Deputy Higgins

3 placing handcuffs on Knudsen's wrists. Knudsen's nose was bleeding and EVAC responded to treat her injury.

4

5 Deputy Shirah followed behind EVAC as they transported Knudsen to Fish Memorial Hospital. Upon arrival at the hospital, Knudsen complained

6 of back, neck, arm, shoulder and facial injuries. Medical staff performed numerous tests including x-rays and scans.

7

8 After analyzing the results, medical staff placed about 4 stitches in Knudsen's nose and explained to Deputy Shirah and Knudsen her nose is

9 fractured and she is medically cleared. No other injuries were detected.

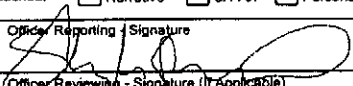
10

11 Deputy Shirah transported Knudsen to VCBJ.

12

13 Case closed/cleared 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"/> 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.T. BOLO <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 Shirah, Steven	Officer Reporting - Signature 	ID. Number 7116
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number Unit Date 05-05-2008

ADMINISTRATIVE

VOLUSIA COUNTY SHERIFF'S OFFICE  
STATEMENT



08 15251  
INCIDENT NUMBER  
Page 1 of 1 Pages

INCIDENT TYPE Battery Simple (DV)		NAME OF PERSON SIGNING SCOTT T. KNUDSEN		
ADDRESS [REDACTED] OVIEDO FL 32765				
AGE 41	BIRTH DATE 12/31/66	HOME PHONE [REDACTED]	EMPLOYED AT/SCHOOL ATTENDS Volusia County Fire Services	
STATEMENT TAKEN AT		DATE 5/05/08	TIME	READ RIGHTS ( ) YES ( ) NO X (INITIALS)

I, SCOTT KNUDSEN do hereby, freely and voluntarily, make the following statement:

I came back to my house at [REDACTED] because I was supposed to be getting a new TV delivered to replace the old one or 42" LCD Vizio that is not working properly they were exchanging it. I knocked on the front door and opened it up it was locked. Sat down on chair Beth got up set, called her lawyer. She then started going through my truck. So I went through hers she then ran over yelling at me to get out and pushed me she locked her car I opened up the back hatch to her car sending off the alarm. She then came over and slammed the hatch on my head. at that point I sat down on back of car and then I got up and went in side sat down on chair. Until VCSO arrived.

I HAVE RECEIVED A DOMESTIC ABUSE PACKET. MY LEGAL RIGHTS AND REMEDIES HAVE BEEN EXPLAINED TO ME

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
5 DAY OF May 2008

[Signature]  
2034

# VOLUSIA COUNTY SHERIFF'S OFFICE

## VICTIM NOTIFICATION CARD

Deputy Name D. Higgins O.R. Number 05-15251 Date 5-5-08  
 Name of Victim Scott T. Knudson Name of Designated Contact Scott T. Knudson  
 Address [REDACTED] Address [REDACTED]  
 Telephone [REDACTED] Telephone [REDACTED]  
 Defendant's Name Ray Beth Knudson Signature of Victim or Designee  
 Notification waived

ATTEMPTED CONTACT PRIOR TO RELEASE: DATE	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 30 MINUTES AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 60 MINUTES AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 90 MINUTES AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 120 MINUTES AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 2 HOURS AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 3 HOURS AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 3 HOURS AFTER RELEASE:	TIME	SUCCESSFUL?
ATTEMPTED CONTACT 4 HOURS AFTER RELEASE:	TIME	SUCCESSFUL?

NAME OF PERSON CONTACTED \_\_\_\_\_ BOOKING STAFF \_\_\_\_\_  
 LETTER MAILED \_\_\_\_\_ DATE OF LETTER \_\_\_\_\_ BOOKING STAFF \_\_\_\_\_

APR 08 2008  
**Volusia County Sheriff's Office**  
 Incident Report

08	11733
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Incident Number  
 Page 1 of 2 Pages



- Juvenile
- Elderly Abuse/Exploitation
- Hate Crime
- Gang
- Domestic Violence VOR
- Endangered/Other

STATUTE: 394.483  
 ZONE: 44

Original Report

Incident Type: <b>SICK PERSON</b>				Location of Incident: <b>DELTONA, FL</b>			
<b>BAKER ACT</b>				Connecting Report/Agency: <b>NONE</b>			
Date Reported	Time Reported	From Date Occ	To Date Occ	From-To Time Occ	T.H.C.		
04/07/2008	2038	04/07/2008	04/07/2008	2000 - 2038	No		
Cod	Name	Race	Sex	Age	DOB	Phone# (Home)	
V1	KNUDSEN, MARY BETH	W	F	39	09/23/1968	[REDACTED]	
R1	KNUDSEN, SCOTT THOMAS	W	M	41	12/31/1968	[REDACTED]	
Cod	Address	Employed At/School/Other Address				Phone# (Bus.)	
V1	[REDACTED] DELTONA, FL 32725	UNEMPLOYED					
R1	[REDACTED] DELTONA, FL 32725	SELF-EMPLOYED					

Forced Entry: NO      Weapons:  Firearma  Knife  Hands/Feet  Other: N/A

**Investigative Leads/Narrative:**  
 ON 04-07-08 AT APPROX. 2038 HRS., D/S MALDONADO RESPONDED TO [REDACTED] DELTONA, IN REFERENCE TO A WELL BEING CHECK.

PRIOR TO ARRIVAL, D/S MALDONADO CONTACTED KNUDSEN, SCOTT THOMAS (R1) BY TELEPHONE, WHO ADVISED HE AND HIS SOON TO BE EX-WIFE, KNUDSEN, MARY BETH (V1), WERE HAVING A CONVERSATION BY TELEPHONE AND SHE BEGAN VOICING STRANGE THOUGHTS. KNUDSEN (R1) STATED KNUDSEN (V1) WAS RAMBLING ON ABOUT NOT HAVING ANY CONTROL OF THEIR CHILDREN AND DID NOT KNOW WHAT TO DO ABOUT IT. KNUDSEN (R1) STATED HIS WIFE IS BI-POLAR AND SUFFERS FROM ANXIETY AND REQUESTED THAT SHE BE CHECKED.

AT APPROX. 2107 HRS., D/S MALDONADO ARRIVED ON SCENE AND OBSERVED THE GARAGE DOOR OPEN. D/S MALDONADO CONTACTED KNUDSEN (V1) AT HER RESIDENCE AND SHE ANSWERED THE DOOR IN HER BRA AND PANTIES. D/S MALDONADO OBSERVED THAT KNUDSEN (V1) WAS SPEAKING TO HERSELF UNDER HER BREATH AND WAS VISIBLY SHAKING AND PANICKED. D/S MALDONADO ASKED KNUDSEN (V1) IF SHE WAS FEELING DISTRAUGHT, KNUDSEN (V1) STATED SHE WAS SUFFERING FROM ANXIETY AND THERE WAS A LARGE ROACH AT HER DOOR.

D/S MALDONADO OBSERVED A SMALL WATERBUG AT THE DOOR AND ASKED KNUDSEN (V1) IF SHE WOULD FEEL BETTER GOING INTO THE GARAGE TO SPEAK. KNUDSEN LOCKED HER FRONT DOOR AND TURNED ON THE LIGHT TO THE GARAGE AND EXITED HER RESIDENCE STILL IN HER UNDERGARMENTS. D/S MALDONADO ASKED KNUDSEN IF SHE WAS FEELING BETTER AND KNUDSEN BEGAN SPEAKING UNDER HER BREATH STATING THAT SHE WAS HAVING FAMILY ISSUES AND DID NOT KNOW WHAT TO DO ABOUT IT. D/S MALDONADO OBSERVED KNUDSEN (V1) TO BE PACING AND HER ENTIRE BODY WAS VISIBLY SHAKING.

<b>Copies To:</b>		<b>Lab Request</b>	
<input type="checkbox"/> HRS Hotline	Date	Time	Case Status <b>CLOSED</b>
<input type="checkbox"/> CAC			Activity Type:
<b>Spoke With:</b>			<input type="checkbox"/> Arr. Warrant <input type="checkbox"/> Exceptional/Juv <input type="checkbox"/> Supp Submitted
<input type="checkbox"/> FCIC/CNIC Entry			<input type="checkbox"/> Case Filed <input type="checkbox"/> Forfeiture <input type="checkbox"/> Suspended
<input type="checkbox"/> FCIC/CNIC Cancel			<input type="checkbox"/> Cleared/Arr/Adult <input type="checkbox"/> Re-assigned <input type="checkbox"/> Other
<input type="checkbox"/> T.T. Bolc			<input type="checkbox"/> Cleared/Arr/Juv. <input type="checkbox"/> Recovered Prop. <input type="checkbox"/> Unfounded
<b>Reporting Officer: D/S MALDONADO</b>			<input type="checkbox"/> Exceptional/Adult <input checked="" type="checkbox"/> Search Warrant
<b>Approved By: SGT. B. BARR</b>	Reporting Officer (Signature): <i>[Signature]</i>		I.D.# 7113
	Approved By (Signature): <i>[Signature]</i>		I.D.# 1428

# Volusia County Sheriff's Office

## Incident Report

- Juvenile
- Elderly Abuse/Exploitation
- Hate Crime
- Gang
- Domestic Violence VOR
- Endangered/Other



08	11733
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Incident Number

Page 2 of 2 Pages

STATUTE: 394.463

ZONE: 44

Original Report

D/S MALDONADO ASKED KNUDSEN IF SHE WAS UNDER ANY MEDICATIONS AND KNUDSEN STATED THAT SHE SUFFERS FROM SEVERE ANXIETY ATTACKS AND SHE IS BI-POLAR. KNUDSEN (V1) STATED SHE WAS VERY AGITATED BECAUSE SHE DID NOT HAVE ANY MEDICATIONS AND SHE WAS ALSO FEELING DEPRESSED BECAUSE SHE COULD NOT HANDLE HER CHILDREN AND THE CURRENT FAMILY SITUATION.

AT THIS TIME, D/S HIGGINS ARRIVED ON SCENE AND D/S MALDONADO OBSERVED THAT KNUDSEN (V1) DID NOT ATTEMPT TO COVER HERSELF. DUE TO KNUDSEN'S (V1) PRIOR STATEMENT ABOUT FEELING DEPRESSED AND NOT BEING ABLE TO HANDLE THE CURRENT FAMILY SITUATION, D/S MALDONADO ASKED KNUDSEN (V1) IF SHE CONTEMPLATED HURTING HERSELF. AT THIS TIME, KNUDSEN (V1) REPLIED, "IF I COULD, I WOULD!"

D/S MALDONADO ATTEMPTED TO TALK TO KNUDSEN (V1) ABOUT SEEKING MEDICAL ASSISTANCE FOR HER DEPRESSION AND ANXIETY. KNUDSEN (V1) REFUSED ANY MEDICAL TREATMENT.

D/S MALDONADO SEARCHED PRIORS TO THE RESIDENCE AND KNEW THAT KNUDSEN (V1) HAD PREVIOUS HISTORIES OF SUICIDE ATTEMPTS (12-03-06 AND 03-15-07).

D/S MALDONADO BAKER ACTED KNUDSEN (V1) BECAUSE SHE WAS UNABLE TO DETERMINE FOR HERSELF WHETHER AN EXAMINATION WAS NECESSARY AND WOULD MOST LIKELY HARM HERSELF IF SHE DID NOT RECEIVE IMMEDIATE TREATMENT.

KNUDSEN (V1) WAS TRANSPORTED TO ACT CORPORATION FOR EVALUATION. KNUDSEN (R1) WAS NOTIFIED OF THE RESULTS AND HE ADVISED, ALTHOUGH HE CURRENTLY LIVES IN OVIEDO, HE WOULD CARE FOR THE RESIDENCE WHILE KNUDSEN (V1) IS UNDERGOING HER EVALUATION FOR TREATMENT.

CASE: CLOSED/CLOSED

Copies To:		Lab Request	
<input type="checkbox"/> HRS Hotline	Date	Time	Case Status <b>CLOSED</b>
<input type="checkbox"/> CAC	Spoke With:		Activity
<input type="checkbox"/> FCIC/NCIC Entry	Date	By	Type:
<input type="checkbox"/> FCIC/NCIC Cancel			<input type="checkbox"/> Victim Advocate
<input type="checkbox"/> T.T. Bolo			<input type="checkbox"/> TRIAD
Reporting Officer: D/S MALDONADO		Reporting Officer (Signature): <i>D/S Maldonado</i>	
Approved By: SGT. B. BARNARD		Approved By (Signature): <i>[Signature]</i>	
		I.D. # 7113	Date: 04/08/2008
		I.D. # 1426	Date: 04/08/08



# Volusia County Sheriff's Office

## Incident Report

DEC - 6 2006



06	40627
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Incident Number

Page 1 of 1 Pages

- Juvenile
- Elderly Abuse/Exploitation
- Hate Crime
- Gang
- Domestic Violence VOR
- Endangered/Other

STATUTE: 394497

ZONE: 44

Original Report

Incident Type: <b>SICK PERSON</b>				Location of Incident: <b>██████████</b>			
<b>BAKER ACT</b>				<b>DELTONA, FL</b>			
Date Reported	Time Reported	From Date Occ	To Date Occ	From-To Time Occ	T.H.C.	Connecting Report/Agency	
12/03/2006	2148	12/03/2006	12/03/2006	UNK -	No	NONE	
Cod	Name	Race	Sex	Age	DOB	Phone# (Home)	
V1	KNUDSEN, MARY BETH	W	F	38	09/23/1968	██████████	
R1	KNUDSEN, SCOTT	W	M	39	12/31/1968	██████████	
Cod	Address	Employed At/School/Other Address				Phone# (Bus.)	
V1	██████████ DELTONA, FL 32725	UNKNOWN				N/A	
R1	██████████ DELTONA, FL 32725	VOLUSIA COUNTY FIRE RESCUE				N/A	

Forced Entry: NO    Weapons: ( ) Firearms ( ) Knife ( ) Hands/Feet ( ) Other:

**Investigative Leads/Narrative:**

ON 12-03-06 DEPUTY SIAS RESPONDED TO ██████████ IN REFERENCE TO A SUICIDE ATTEMPT.

UPON ARRIVAL, DEPUTY SIAS MADE CONTACT WITH KNUDSEN, SCOTT(R-1). KNUDSEN(R-1) ADVISED HIS WIFE, KNUDSEN, MARY BETH(V-1) HAD TAKEN AN EXCESSIVE AMOUNT OF XANAX AND AMBIEN PILLS. KNUDSEN(R-1) ALSO ADVISED KNUDSEN(V-1) HAD STATED SHE JUST WANTED TO GO TO SLEEP FOREVER.

DEPUTY SIAS MADE CONTACT WITH KNUDSEN(V-1) IN THE BEDROOM OF THE RESIDENCE. KNUDSEN(V-1) APPEARED UPSET AND HAD BEEN CRYING. WHEN DEPUTY SIAS ASKED KNUDSEN(V-1) WHAT WAS GOING ON SHE STATED SHE TOOK HER MEDICATION AND JUST WANTED TO GO TO SLEEP. KNUDSEN WAS UNCOOPERATIVE AND REFUSED TO TELL DEPUTY SIAS HOW MANY AND WHAT KIND OF PILLS SHE TOOK.

BASED ON THE INFORMATION PROVIDED, DEPUTY SIAS DETERMINED KNUDSEN(V-1) MET THE BAKER ACT CRITERIA AND SUBSEQUENTLY BAKER ACTED HER. KNUDSEN WAS TRANSPORTED TO FLORIDA HOSPITAL IN ORANGE CITY. NO FURTHER ACTION WAS TAKEN AT THIS TIME.

CASE STATUS:CLOSED/CLOSED

Copies To:		Lab Request	
<input type="checkbox"/> HRS Hotline	Date	Time	Case Status <b>CLOSED</b>
<input type="checkbox"/> CAC	Spoke With:		Activity
<input type="checkbox"/> FCIC/NCIC Entry	Date		By
<input type="checkbox"/> FCIC/NCIC Cancel	Date		By
<input type="checkbox"/> T.T. Bolz	Date		By
Reporting Officer: DEPUTY M.SIAS		Reporting Officer (Signature): <i>MEDI</i>	
Approved By: SGT J.CRABTREE		Approved By (Signature): <i>SGT J. Crabtree</i>	
		I.D. # 7197	Date: 12/03/2006
		I.D. # 2199	Date: 1203-06

MAR 16 2007

Volusia County Sheriff's Office  
Incident Report

07 8689

Incident Number

Page 1 of 1 Pages



- Juvenile
- Elderly Abuse/Exploitation
- Hate Crime
- Gang
- Domestic Violence VOR
- Endangered/Other

STATUTE: 394487  
ZONE: 44

N7028

Original Report

Incident Type: SICK PERSON BAKER ACT				Location of Incident: [REDACTED] DELTONA, FL			
Date Reported	Time Reported	From Date Occ	To Date Occ	From-To Time Occ	T.H.C.	Connecting Report/Agency	
03/15/2007	1215	03/15/2007	03/15/2007	UNK -	No	NONE	
Cod	Name	Race	Sex	Age	DOB	Phone# (Home)	
V1	KNUDSEN, MARY BETH	W	F	38	09/23/1968	[REDACTED]	
R1	KNUDSEN, SCOTT	W	M.	39	12/31/1968	[REDACTED]	
Cod	Address	Employed At/School/Other Address				Phone# (Bus.)	
V1	[REDACTED] DELTONA, FL 32725	UNKNOWN				N/A	
R1	[REDACTED] DELTONA, FL 32725	VOLUSIA COUNTY FIRE RESCUE				N/A	
Forced Entry: NO		Weapons: ( ) Firearms ( ) Knife ( ) Hands/Feet ( ) Other:					

Investigative Leads/Narrative:

ON 03-15-07 DEPUTY SIAS RESPONDED TO [REDACTED] IN REFERENCE TO A SUICIDE ATTEMPT.

UPON ARRIVAL, DEPUTY SIAS OBSERVED OTHER DEPUTIES ON SCENE TRYING TO SECURE KNUDSEN, MARY BETH(V-1) WHO WAS RESISTING THEM. AFTER SECURING KNUDSEN DEPUTY SIAS SPOKE WITH KNUDSEN, SCOTT(R-1).

DEPUTY SIAS MADE CONTACT WITH KNUDSEN, SCOTT(R-1). KNUDSEN(R-1) ADVISED HIS WIFE, KNUDSEN, MARY BETH(V-1) HAD ATTEMPTED TO CUT HER WRIST USING A KNIFE AND STATED THAT SHE WANTED TO KILL HERSELF. KNUDSEN(R-1) PROVIDED A WRITTEN STATEMENT IN REGARDS TO THE INCIDENT.

BASED ON THE INFORMATION PROVIDED, DEPUTY SIAS DETERMINED KNUDSEN(V-1) MET THE BAKER ACT CRITERIA AND SUBSEQUENTLY PLACED HER IN PROTECTIVE CUSTODY. KNUDSEN WAS TRANSPORTED TO ACT CORPORATION. NO FURTHER ACTION WAS TAKEN AT THIS TIME.

CASE STATUS:CLOSED/CLOSED

Copies To:			Lab Request			
<input type="checkbox"/> HRS Hotline	Date	Time	Case Status CLOSED			
<input type="checkbox"/> CAC			Activity	<input type="checkbox"/> Arr. Warrant	<input type="checkbox"/> Exceptional/Juv	<input type="checkbox"/> Supp Submitted
Spoke With:			Type:	<input type="checkbox"/> Case Filed	<input type="checkbox"/> Forfeiture	<input type="checkbox"/> Suspended
<input type="checkbox"/> FCIC/NCIC Entry			<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Cleared/Arr/Adult	<input type="checkbox"/> Re-assigned	<input type="checkbox"/> Other
<input type="checkbox"/> FCIC/NCIC Cancel	Date	By	<input type="checkbox"/> TRIAD	<input type="checkbox"/> Cleared/Arr/Juv.	<input type="checkbox"/> Recovered Prop.	<input type="checkbox"/> Unfounded
<input type="checkbox"/> T.T. Bolo			<input type="checkbox"/> S.A. Referral	<input type="checkbox"/> Exceptional/Adult	<input type="checkbox"/> Search Warrant	<input checked="" type="checkbox"/> Closed
Reporting Officer: DEPUTY M.SIAS			Reporting Officer (Signature): [Signature]		I.D. # 7197	Date: 03-15-07
Approved By: SGT. ADKINS			Approved By (Signature): [Signature]		I.D. # 1433	Date: 031507

VOLUSIA COUNTY SHERIFF'S OFFICE  
STATEMENT



07 8689  
INCIDENT NUMBER

Page 1 of 1 Pages

INCIDENT TYPE Sue Person / Bar Act			NAME OF PERSON SIGNING X SCOTT KNUDSEN		
ADDRESS X [REDACTED] DELTONA FL					
AGE X 40	BIRTH DATE X 12/31/66	HOME PHONE X [REDACTED]	EMPLOYED AT/SCHOOL ATTENDS X Volusia County Fire Services		
STATEMENT TAKEN AT X ADDRESS ABOVE		DATE X 3/15/07	TIME X 12:36	READ RIGHTS ( ) YES (X) NO X <u>C.C.</u> (INITIALS)	

I, SCOTT KNUDSEN, do hereby, freely and voluntarily, make the following statement:

My wife, Mary Beth Knudsen, when I was leaving the house to get away so we could calm down walked in the kitchen got a knife out of the knife drawer. I at that time walked out side thinking it was just a bluff. Mary followed me out side and put the knife across her left wrist and tried to slash it. I at that time went and grabbed the knife out of her hand. Went and got my phone out of the truck to call 911 when she came back out off the house w/ another knife and tried to cut her wrist again this time saying she was going to do it the right way and started to cut down her arm which I grabbed the knife before she could cut herself and had to sit on top of her where she bit me and then tried to bite a chunk out of her own arm which I stopped.

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT

SIGNATURE

PS-0088-0297

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
15 DAY OF March, 2007

NOTARY PUBLIC/LAW ENFORCEMENT OFFICER

[Signature] 7197