

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

Arrest # _____ Bk # _____ Pg # 1 of 4

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 2021 301407 CFDB	
(ORI) FL: <u>FL0641200</u>	Agency Name: <u>PORT ORANGE POLICE DEPARTMENT</u>	Agency Case Number: <u>210001972</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Date Arrested: <u>03-19-2021</u> Time of Arrest: <u>0103</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>3296 SARDINIA TER DELTONA FL 32738</u>		Arrested By: <u>SLEASE, PHILLIP</u>	ID Number: <u>PO3417</u>
DEFENDANT	NAME (Last) <u>BERGMAN</u> (First) <u>PAIGE</u> (Middle) <u>M</u>	A.K.A.: _____	Sex: <u>F</u> Race: <u>W</u>
DOB: <u>05-04-2000</u>	Age: <u>20</u> Driver's Lic./ ID No.: _____	State: <u>FL</u> Year Expires: <u>2024</u>	S.S.# - _____
Height: <u>5' 08"</u>	Weight: <u>165</u> Hair: <u>BRO</u> Eyes: <u>GRN</u>	P.O.B. (City, State, Country): <u>DAYTONA BEACH FL</u>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos: <u>NM L ARM FLOWERS</u>	Business & Occupation: <u>LUIGI'S PIZZA SERVER</u>	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) <u>3296 SARDINIA TER</u>		(CITY) <u>DELTONA</u> (STATE) <u>FL</u> ZIP CODE <u>32738</u>	RESIDENCE PHONE <u>(407) 301-4670</u>
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 _____

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 checked="" type="checkbox"/> DUI <input type="checkbox"/>	Total Charges: <u>1</u>
#1 Charge: <u>Leave Scene Crash w/Serious Inj</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>316.027(2)(B)</u>	Citation No.: <u>ACFGQ1E</u> Bond: <u>2500</u>
#2 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____
#3 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____

CO-DEFENDANT	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME (Last) _____ (First) _____ (Middle) _____	Race: _____ Sex: _____ DOB: _____	Age: _____
#2 NAME (Last) _____ (First) _____ (Middle) _____	Race: _____ Sex: _____ DOB: _____	Age: _____

NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 18 day of March, 2021, at approximately 0426 a.m. p.m. at 1600 BLK TOWN WEST BL PORT ORANGE within Volusia County, violated the law and did then and there:

1 BWC of the interviews with the defendant were logged into Evidence.com.
 2
 3 The defendant knowingly left the scene of a crash with serious bodily injury on a public roadway without immediately stopping the vehicle at the
 4 scene of the crash and failed to remain on scene.
 5
 6 On 03/18/21, I was dispatched to the area of the 1600 Blk of Town West Blvd, in reference to a motor vehicle crash with injuries where the vehicle
 7 had left the scene. Upon my arrival I observed a male that was riding a Scott bicycle (SN IS04210) laying on the grass shoulder of the roadway that
 8 was struck by a vehicle. I identified the victim as Volusia County Sheriff Michael J. Chitwood. The victim advised that he was traveling west on Town
 9 West Blvd, on the edge of the roadway, along with traffic when he was struck from behind by a maroon vehicle. The victim could not provide a make
 10 or model of the vehicle and could not identify the driver. The victim was later transported by Port Orange Fire Rescue to Halifax Hospital with serious
 11 injuries.
 12
 13 Allen Ramos, a witness, was driving a garbage truck following behind the vehicle, observed the vehicle swerve to the right and crash into the victim
 14 that was riding his bicycle. The witness stated that after the vehicle struck the victim, the vehicle slowed down and then took off speeding west on
 15 Town West Blvd. The witness pulled over and called 911 and rendered aid to the victim until emergency personnel arrived on scene. The witness

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	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 _____	RELATIONSHIP TO JUVENILE _____	JUVE DISP. _____
		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____	CITATION No. _____

Sworn to and subscribed before me, the undersigned this <u>19</u> day of <u>March</u> , <u>2021</u> , Name: <u>SA Mialk 4318</u>	I swear/affirm the above statements are correct and true <u>Off. P. Slease 3417</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb _____
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	<u>SLEASE, PHILLIP</u> <u>PO3417</u> NAME (PRINTED) ID NUMBER	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	Type of Identification: _____	

OFFICIAL USE ONLY Inmate Number & Facility: _____

Volusia**Notice to Appear Instruction Sheet**

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.**
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:**

**PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.**

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. ***Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court . (DO NOT MAIL CASH.)***

Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. **THIS IS NOT A COURT INFORMATION LINE.**

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

- In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty or nolo contendere (no contest) .
- In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
- By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____
(First) (Middle) (Last)

Date: _____

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: BERGMAN	(Last)	(First) PAIGE	(Middle) M	Agency Case Number: 210001972
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 checked="" type="checkbox"/>
				Total Charges: 1
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>

16 advised that the vehicle was a maroon car but could not provide a make or model of the vehicle and could not identify the driver. The witness stated
17 that the incident was recorded on the garbage trucks dash camera. The witness provided a sworn written statement of the incident.
18
19 On scene I located a passenger side mirror laying in the roadway. The mirror belonged to a maroon Hyundai Sonata between the years of 2004 and
20 2006. The surrounding area was searched extensively along with the help of several Volusia County Sheriff's Deputy's, with negative results. A
21 County Wide BOLO for the vehicle was issued by dispatch.
22
23 On 03/18/21, at around 2312 hours, Volusia County Sheriffs Deputy Sgt. Omar Bello, was at the intersection of Noah St and Sardinia Ter, Deltona,
24 FL, when he observed a 2006 maroon Hyundai, bearing FL tag QGEW54 with VIN 5NPEU46F16H033016, pass by on Sardinia Ter. Sgt. Bello
25 followed the vehicle to 3296 Sardinia Ter, where he made contact with Paige Bergman who was exiting the drivers side of the vehicle. Sgt. Bello
26 observed a female driver and male passenger in the vehicle. Both the driver and passenger exited the vehicle and were instructed to stand near the
27 back of the maroon Hyundai Sonata. Sgt. Bello observed the vehicle was missing it's passenger side mirror. A female exited the residence and also
28 observed the fresh damage to the vehicle's passenger side and asked the driver if she crashed her car. Bergman responded, "that she thought she
29 hit a mailbox." Sgt. Bello notified his Watch Commander, VCSO Lt. Taylor. Lt. Taylor responded to the scene and contacted POPD Lt. Besuden. Ofc.
30 Mialki was notified by Sgt. Gaver on 03/18/2021 at 2325 hours that the suspect vehicle had been located at the above mentioned address. Ofc. Mialki
31 then contacted me,(see Sgt. Bello's report VCSO #210005229 for full details).
32
33 I responded to 3296 Sardinia Ter and upon my arrival I was briefed of what had occurred. I looked at the vehicle which had fresh damage to the front
34 right bumper, and right side of the vehicle. I observed that the right side passenger mirror and housing was missing from the vehicle. I made contact
35 with Bergman and read her the Miranda Warning and asked if she understood her rights and she advised that she did. I asked Bergman if she would
36 waive her rights and answer some questions and she advised that she would. I asked her how she damaged her vehicle and she stated that she had
37 crashed into a mailbox on Long Grove Ln, delivering pizza. I asked Bergman when it had occurred and she advised on 03/18/21. I asked the
38 Bergman how late she had worked today and she stated that she left work at around 1600 hours. I asked Bergman where she had gone after that
39 and she advised home. I asked Bergman which way she drives home and she stated that she was traveling on Madeline Ave and travels south on S.
40 Williamson Blvd. The Bergman stated that she turns west onto Town West Blvd and takes SR415 to Deltona. I told Bergman that she needed to be
41 honest with me and tell me what really happened today on her way home. I explained to Bergman that a garbage truck was following behind her
42 when the crash had occurred and had the incident on video. Berman started to cry and explained that while she was driving on Town West Blvd, she
43 was on her cell phone shopping on Amazon when she thought she had hit someone on a bicycle or a dirt bike. Bergman stated that she looked in
44 her rear view mirror and saw the victim get up and the garbage truck pull over. Bergman advised that she panicked and fled the scene and went
45 home. I asked Bergman what she did when she arrived at home and she stated that she cried. I asked Bergman if she had told anyone what had
46 happened and she advised no. I asked Bergman if anyone else was in the vehicle at the time of the crash and she advised she was the only one in
47 the vehicle.
48
49 Bergman, now the defendant was placed under arrest and was transported to the Port Orange Police Department for processing and then to VCBJ
50 with a \$2,500 bond. The defendant was issued traffic citation ACFGQ0E for careless driving and a criminal traffic citation ACFGQ1E for leaving the
51 scene of a crash with serious injuries.
52
53 The vehicle was towed from the scene by Fryers Towing to the Port Orange Police Department in a secured evidence bay.
54
55 The broken mirror and mirror housing were logged into POPD evidence.
56
57 Case closed by arrest.

Sworn to and subscribed before me, the undersigned this <u>19</u> day of <u>March</u> , 2021 Name: <u>Off Mialki 4318</u>	I swear/affirm the above statements are correct and true <u>Off P. 3417</u>	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	OFFICER'S/COMPLAINANT'S SIGNATURE <u>SLEASE, PHILLIP</u> PO3417 NAME (PRINTED) ID NUMBER	

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 4 of 4

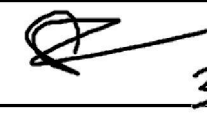
Defendant (Last) (First) (Middle) Name: BERGMAN PAIGE M			Agency Case Number: 210001972	
Name: (Last) (First) (Middle) RAMOS ALLEN D			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: H
Address (#, Street, City, State): 3229 COURTLAND BLVD DELTONA FL			Age: 33	DOB: 06-28-1987
Bus/School Address:			Home: (860) 208-1507	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle) CHITWOOD MICHAEL J			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W
Address (#, Street, City, State): 123 W INDIANA AVE 4TH FL DELAND FL			Age: 57	DOB: 11-30-1963
Bus/School Address: VOLUSIA COUNTY SHERIFFS OFFICE DELAND FL			Home: (386) 736-5961	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):			Age:	DOB:
Bus/School Address:			Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):			Age:	DOB:
Bus/School Address:			Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):			Age:	DOB:
Bus/School Address:			Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):			Age:	DOB:
Bus/School Address:			Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):			Age:	DOB:
Bus/School Address:			Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name:			Relative/Contact Address:	Phone:

EVIDENCE COLLECTED

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

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

SLEASE, PHILLIP
Investigating Officer

OFL P.  3417 PO3417
ID Number

POP
Agency