

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
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(ORI) FL: 1 8 0 0 0 0	Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE	Agency Case Number: 19281-05
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FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OBTS # 1801014560	Date Arrested: 4-29-05	Time of Arrest: 22:18
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ADDRESS OF ARREST: 5575 Cypress Ave	Arrested By: Dep J Powell	ID Number: 0186
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DEFENDANT NAME (L.F.M.): Nickovitz, Daniel	A.K.A.	Sex: M	Race: W
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DOB: 07-22-78	Age: 26	Driver's Lic./ID No.: N251-160-78-262-0	State: FL	Year Expires: 2017	S.S.#: [REDACTED]
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Height: 6'02"	Weight: 195	Hair: Brown	Eyes: Blue	P.O.B. (City, State, Country): New York	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Scars, Marks, Tattoos: Tattoo left forearm & Neck	Business & Occupation	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Address - Mailing/Permanent: 5575 Cypress Ave Bunnell, FL 32110 (386) 586-0193	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	RESIDENT PHONE
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Address - Local: Same as above	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	RESIDENT PHONE
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Address - Other (Employer/School)	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	BUS/SCHOOL
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CHARGES	DOMESTIC VIOLENCE? YES <input checked="" 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: 2
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#1 Charge: Aggravated Battery (Domestic)	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD <input type="checkbox"/>	784.045	Citation No:	Bond: NIA
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#2 Charge: Aggravated assault	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD <input type="checkbox"/>	784.021	Citation No:	Bond: NIA
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#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD <input type="checkbox"/>		Citation No:	Bond:
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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"/>
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#1 NAME (L.F.M.):	Race:	Sex:	DOB:	Age:
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#2 NAME (L.F.M.):	Race:	Sex:	DOB:	Age:
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NARRATIVE	The undersigned certifies and swears that there is probable cause to believe the above-named defendant,
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on the 29th day of April, 2005, at approximately 10:01 a.m. p.m.

at 5575 Cypress Ave within Flagler County, violated the law and did then and there:

The defendant began to argue with the victim (girlfriend). The victim advised the defendant had been drinking alcoholic beverages. The victim advised that the defendant then struck her in the back of her head with a metal type candle holder approximately three feet tall. When doing this the defendant broke the window by the front door. The victim then advised she went to the bedroom, where the defendant followed her. At this time the defendant was stating that he was going to kill her. The victim then locked herself in the bathroom by the bedroom. She advised she heard the defendant loading a gun. She advised that she had knowledge that he has a .22 caliber rifle. When myself, Deputy Lutz, and DFC Cotlam arrived

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:
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I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILL FULLY 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	RELATIONSHIP TO JUVENILE	JUVE DISP	CITATION No.
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Sworn to and subscribed before me, the undersigned, this 30 day of April 2005	I swear/affirm the above statements are correct and true.	right thumb
Name: Dep James Saunders Jr. C.O. 17	Dep J Powell	
Notary Public <input type="checkbox"/> Law Enforcement or Correction Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED): Dep J Powell 0186	ID NUMBER:
Type of Identification:		

OFFICIAL USE ONLY	Inmate Number & Facility
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**Narrative 798-B
Supplement**

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number: 19281-05

Page 2 of 3

Defendant Name: Niekonovitz, Daniel Agency Case Number: 19281-05

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:
#	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:

at the residence the defendant was ordered to exit the residence with his hands in the air. After ordering the defendant to do so several times, the defendant was observed walking from the back of the residence (back yard area). Two firearms were located in the back yard area in the barn. One was a .22 cal Savage Mark #. This rifle had a scope and a clip inserted in it with ten rounds of ammunition. A 20 gauge was also located in this area. The defendant had several rounds of .22 caliber rifle ammunition in his left front pocket. A box of .20 caliber ammunition (Remington) was found on the dresser with several bullets in the box. The victim was transported to FHF to be medically treated for her injuries. I observed a large swollen area to the back of the victim's head. The defendant had a strong smell of an alcoholic beverage on his breath.

PUBLIC EXEMPT

Sworn to and subscribed before me, the undersigned this <u>30</u> day of <u>April</u> 2005	I swear/affirm the above statements are correct and true.	rt thumb
Name: <u>Dep James Saunders p.c.o.17</u>	<u>Dep J Powell</u>	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	<u>Dep J Powell 0180</u>	
Type of Identification:	NAME (PRINTED)	ID NUMBER

Witness/Victim/Evidence Form 798-A

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number: 19281-05

Page 3 of 3

Defendant Name: Nickonovitz, Daniel		Agency Case Number: 19281-05	
Name (L.F.M.): Zimmerman, Judy, Marie	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: F
Address (#, Street, City, State): 5575 Cypress Av Bunnell, FL 32110	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Age: 18	DOB: 7-30-86
Bus/School Address:	Zip: 32110	Home Phone: 586-6193	SSN:
Relative/Contact Name: Leona A Zimmerman	Relative/Contact Address: 16 Pine Ash Ln Palm Coast, FL 32114	Bus Phone:	Phone: 437-2138
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Phone:

PUBLISHED EXEMPT

EVIDENCE COLLECTED

Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
.22 cal rifle Savage Mark II with scope	4-29-05	0172918	
Owner (Name): Nickonovitz, Daniel (Address): 5575 Cypress Av Bunnell, FL 32110 (Phone):			Value
20 Gauge New England	4-29-05	NS 323546	
Owner (Name): Nickonovitz, Daniel (Address): 5575 Cypress Av Bunnell, FL 32110 (Phone):			Value
.22 cal Ammunition	4-29-05		
Owner (Name): (Address): (Phone):			Value
Candle Holder	4-29-05		
Owner (Name): (Address): (Phone):			Value

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

Doris Powell
Investigating Officer

6150
ID Number

FC50
Agency