

7th. Judicial Circuit 707  
Charging Affidavit - FLAGLER

Arrest # \_\_\_\_\_

Bk # 22-2724

Pg #1 of 3

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2022-00106859	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1801064172</u>		Date Arrested: 11/25/2022	
ADDRESS OF ARREST: 4069, BUTTERNUT, AVE, Bunnell, Florida, 32110		Arrested By: Boyd Jacob		Time of Arrest: 03:09	
<b>DEFENDANT</b>		Name (L.F.M.): Barry, Sean, Edward		A.K.A.:	
DOB: 06/22/1990		Age: 32		Sex: Male	
Height: 6 02		Weight: 165		Race: WHITE	
Driver's Lic ID No.: 188798674		State: Connecticut		Year Expires:	
Hair: BLOND OR STRAWBERRY		Eyes: BROWN		S.S. #:	
Scars, Marks, Tattoos:		Business & Occupation:		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Probation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Deaf/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Address-Mailing/Permanent:		(STREET, APT. NUMBER)		(CITY) (STATE) ZIPCODE RESIDENCE PHONE	
Address-Local:		(STREET, APT. NUMBER)		(CITY) (STATE) ZIPCODE RESIDENCE PHONE	
Address-Office(Employer/School):		(STREET, APT. NUMBER)		(CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE	
<b>CHARGES</b>		DOMESTIC VIOLENCE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	
#1 Charge: VOP / VOCC- ON SITE MISC VIOLATION		FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS'ORD: 948.06	
#2 Charge:		FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#3 Charge:		FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
<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(L.F.M.):		Race:		Sex:	
#2 NAME(L.F.M.):		Race:		Sex:	
<b>NARRATIVE</b>		The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 25th day of November, 2022, at approximately 03:09 X A.M. P.M. at 4069 Butternut AVE within Flagler County, violated the law and did then and there.			
On November 25, 2022, at approximately 0246 hours, I, Deputy Boyd was dispatched to 4069 Butternut Avenue in reference to a possible overdose which was later changed to a Violation of Probation.					
Upon my arrival, I made contact with Danielle Brown who advised she walked in on her brother Sean Barry who she thought was possibly overdosing. Danielle stated before medical staff got there Sean stood up without use of Narcan and stated he was fine and that he had just been in a deep sleep.					
Sean then walked up and stated he wanted to talk to me alone. Once we separated from his sister he					
Supervisor Approved: Barkoskie, Adam 11/25/2022					
<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"/>	
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.		FINE AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.		Rt Thumb	
This 25 day of 11, 2022		Name: DIS Boyd		944	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME(PRINTED)		ID NUMBER	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Type of Identification:		DIS Boyd	
OFFICIAL USE ONLY		Inmate Number & facility:		944	

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707 - COURT COPY

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

Pg #2 of 3

Defendant Name: <b>Barry, Sean, Edward</b>		Agency Case Number: <b>2022-00106859</b>	
Name (L,F,M): <b>BROWN, DANIELLE, LYNN</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>WHITE</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address (#, Street, City, State): <b>4069 BUTTERNUT AVE BUNNELL, Florida</b>	Age: <b>36</b>	DOB: <b>04/07/1986</b>	SSN: <b>[REDACTED]</b>
Bus/School Address:	Zip: <b>32110</b>	Home Phone: <b>(386)569-7766</b>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Zip:	Bus, Phone:

Unofficial Copy

## EVIDENCE COLLECTED

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

DK Boyd  
Investigating Officer

944  
ID Number

FCSO  
Agency

707-A - COURT COPY

# Narrative 707-B Supplement

- Arrest
- Affidavit
- Notice to Appear
- Adult
- Juvenile

Court Case Number: \_\_\_\_\_

Page # \_\_\_\_ of \_\_\_\_

Defendant Name: _____	Agency Case Number: _____
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

advised that he had used Heroin but he had not overdosed and that he was fine. Sean denied medical and did not want to be checked out. Sean was read his rights and post Miranda advised that he had just used Heroin. It should be known that I observed Sean having pin point pupils in the dark and he also had slurred speech, which through my training and experience is consistent with the use of Narcotics.

Upon asking for Sean's status on Flagler County Teletype, it was advised that he was on probation for possession of Drug Paraphernalia which started on 11-8-2022 and expires 11-7-2023. The probation has a requirement of no alcohol or illegal drug use.

Sean was arrested he was now under arrest for F.S.S. 948.06 Viol of Probation On Site Misdemeanor. Sean was taken into custody and transported to the Flagler County Inmate Facility without incident.

Contact with Sean's probation officer J. Coleman was attempted with negative results.

Taser Axon Body Camera footage will be uploaded in a timely manner.

Nothing further.

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Sworn to and subscribed before me, the undersigned this <u>25</u> day of <u>11</u> , <u>2022</u> . Name: <u>DIS Boyd</u>	I swear/affirm the above statements are correct and true. _____ OFFICER'S/COMPLAINANT'S SIGNATURE	Right thumb _____
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____	NAME(PRINTED) <u>DIS Boyd</u>	ID NUMBER <u>944</u>

707-B - COURT COPY