

7th. Judicial Circuit 707  
Charging Affidavit - Flagler

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

Bk # 15-0381

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				Agency Case Number: 14888-15					
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				OBTS# <u>1801043131</u>				Date Arrested: <u>2/12/15</u>		Time of Arrest: <u>1324 hrs</u>		Arrested By: <u>CHAMBERS</u>	
ADDRESS OF ARREST:												ID Number: <u>291</u>	
<b>DEFENDANT</b>				Name (L,F,M): RETAMOZZO, CHERRIE, ARLENE				A.K.A.:		Sex: F		Race: W	
Do: <u>982</u>		Age: 33		Driver's Lic/ID No.:		State: FL		Year Expires: 2022		S.S. #			
Height: 5/8		Weight:		Hair: BRN		Eyes:		POB (City, St, Country): NEW YORK		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Scars, Marks, Tattoos:				Business & Occupation:									
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): 110 LAGUNA FOREST TRAIL				(CITY): PALM COAST		(STATE): FL		ZIPCODE: 32164		RESIDENCE PHONE:			
Address-Local (STREET, APT. NUMBER):				(CITY):		(STATE):		ZIPCODE:		RESIDENCE PHONE:			
Address-Other(Employer/School) (STREET, APT. NUMBER):				(CITY):		(STATE):		ZIPCODE:		BUS/SCHOOL PHONE:			
<b>CHARGES</b>				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"/> DUI <input type="checkbox"/>				Total Charges: 1			
#1	Charge: CHILD ABUSE			FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 827.03 (1)(B) & (2)(C)		Citation No.:		Bond: NONE			
#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:			
<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): WYKRETOWICZ, STANLEY				Race: W		Sex: M		DOB: 4/11/1975		Age:			
#2 NAME(L,F,M):				Race:		Sex:		DOB:		Age:			
<b>NARRATIVE</b>				<p>The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>2nd</u> day of <u>Feb</u>, 2015, at approximately 4 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>110 Laguna Forest Trail</u> within <u>Flagler</u> County, violated the law and did then and there:</p> <p>On or about the 2nd of February the below described incident took place causing the victim physical and mental injury, during this incident the defendant is described herein as "Cherrie" and the co-defendant is described herein as "Stan". Stan and the victim reside together as father and daughter. Cherrie also resides with them and is the victims step-mother. Below is the summary of a CPT interview conducted on 2/12/15.</p> <p>-10 days ago got a bad grade on a test confronted in her front room of the residence around 4 PM by Stan and Cherrie. She got up to walk away and step mother grabbed her wrist, said it hurt and they started pushing and hitting her.</p> <p>-Stan had a disgusted look on his face and said look at this, which was school work and candy wrappers left in her room</p> <p>-Cherrie pushed her down on the couch and she tried to get up and Cherrie pushed her back down on the couch, while Stan was sitting there watching. Says Cherrie is a very aggressive person. Says she always gets in trouble but brother does not get in trouble for same actions.</p> <p>-Cherrie grabbed her hair punched her in the stomach twice. She attempted to get away by kicking at Cherrie.</p> <p>-Stan was watching and not intervening in the altercation.</p> <p style="text-align: center;">***Cont****</p>									
<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		RELATIONSHIP TO JUVENILE				Juve Disp. CITATION No.			
Sworn to and subscribed before me, the undersigned This <u>17</u> day of <u>Feb</u> , 2015.				I swear/affirm the above statements are correct and true.				Rt Thumb					
Name: <u>Elizabeth Conrad</u>				OFFICER'S/COMPLAINANT'S SIGNATURE									
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:				NAME(PRINTED) Cpl. N. Koep				ID NUMBER 260					
<b>OFFICIAL USE ONLY</b>				Inmate Number & facility:									

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>RETAMOZZO, CHERRIE</b>	Agency Case Number: <b>14888-15</b>
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<b>CHARGES</b>	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:
#	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:

-Cherrie and Stan handed [redacted] a list of house rules and told her to read them out loud, when [redacted] resisted Stan pushed his fingers into her wind pipe area of her neck and told her to start reading. [redacted] stated it hurt and she couldn't breathe. Stated it felt like forever while choking her.

[redacted] stated that Cherrie then grabbed her mouth/chin area to make her talk. [redacted] stated this left bruises there. It was where [redacted] had her bruises.

[redacted] stated that her throat still hurts now from where Stan grabbed her.

[redacted] then went to her room and cried for a while then did homework.

-Cherrie then took [redacted] to baseball practice leaving [redacted] home alone with Stan.

-Stan would come into [redacted] room after the incident and tell her he loved her and she would start crying.

[redacted] stated that Stan and Cherrie argue a lot.

[redacted] stated that since this has happened she has had nightmares of her being younger and Stan picking her up and throwing her by her neck.

[redacted] stated that she then reached out to her older sister Taylor who lives in New York and told her about the dreams. Taylor told [redacted] that the incident she described did happen to her when she was younger.

-Stan and Cherrie call [redacted] worthless every day, says it makes her hurt inside and she has cut herself on her arms before because she felt bad. Last time she cut herself was February 1st.

[redacted] feels like she is always put down and [redacted] is always being praised for doing less.

[redacted] wants to stay in her current location because she feels more welcome there and does not want to go back to her father's house because she is scared.

This concludes the summary portion of the CPT interview. The whole interview was recorded on DVD and placed into FCSO evidence by myself. [redacted] visited a school friend on 2/3/15, the day after the above incident. The friend's grandmother (witness) Debra Walker observed what she described as discolored finger print marks on [redacted] neck in the area where [redacted] stated that she was choked by Stan. Walker stated that you could clearly make out a what appeared to be a thumb and two fingers.

Sworn to and subscribed before me, the undersigned this <u>17</u> day of <u>Feb</u> , 20 <u>15</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME(PRINTED) <u>Cpl. N KOEP</u>	ID NUMBER <u>2160</u>
Type of Identification:		

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear

Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>RETAMOZZO, CHERRIE</b>		Agency Case Number: <b>14888-15</b>	
[REDACTED]			
Relative/Contact Name:		Address:	
Name (L,F,M): <b>Walker, Debra</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>W</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address (#, Street, City, State): <b>3 Llobell Place, Palm Coast, FL</b>		Zip: <b>32164</b>	Age: <b>56</b> DOB: [REDACTED] SSN: [REDACTED]
Bus./School Address:		Home Phone: [REDACTED]	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Bus./School Address:		Home Phone:	Bus. Phone:

## 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

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

*[Signature]*
*260*
*FC50*

Investigating Officer                      ID Number                      Agency