

7th. Judicial Circuit 707
 Charging Affidavit - FLAGLER

Arrest # _____

Blk # 15-7591

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: 2015 CF 000950	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2015-00119582	
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OBTS# <u>1801045258</u>		UCR:	Date Arrested: 12/1/2015
ADDRESS OF ARREST: 5, KINGSWOOD, DR, PALM COAST, Florida, 32137		Arrested By: Cangialosi Andrew		Time of Arrest: 19:27	
DEFENDANT Name (L.F.A.): WESTERVELT, JOSEPH, MICHAEL		A.K.A.:		ID Number: 676	
DOB: 5/19/1994	Age: 21	Driver's Lic ID No.: W-236-493-94-179-1	State: Florida	Year Expires: 2023	Sex: Male Race: White
Height: 6 2	Weight:	Hair:	Eyes:	POB (City, St. Country):	Statement: Yes <input checked="" type="checkbox"/> No <input 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"/>	
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	
5 KINGSWOOD DR 106 Palm Coast Florida 32137- (386)338-7197					
CHARGES DOMESTIC VIOLENCE? YES <input checked="" type="checkbox"/> Attachments: Affidavits <input type="checkbox"/> Statements <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Instruction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 2					
#1 Charge: Agg Battery/Domestic Violence	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	ESORD: 784.045DV	Citation No.:	Bond: none	
#2 Charge: Agg Battery/Pregnant Woman	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	ESORD: 784.0452B	Citation No.:	Bond: none	
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	ESORD:	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 (L.F.M.):		Race:	Sex:	TXH:	Age:
#2 NAME (L.F.M.):		Race:	Sex:	DOB:	Age:
NARRATIVE The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>1st</u> day of <u>December</u> , 2015, at approximately <u>19:27</u> <u>X</u> A.M. <u>X</u> P.M. at <u>5 KINGSWOOD DR</u> within <u>Flagler</u> County, violated the law and did then and there.					
Joseph M. Westervelt (Defendant) did actually and intentionally touch or strike Emily M. Burguez (Victim) against the will of Emily M. Burguez, and in doing so used a fixed blade knife, a deadly weapon, and/or in doing so intentionally or knowingly caused great bodily harm, permanent disability, or permanent disfigurement to Emily M. Burguez, contrary to Florida Statute 784.045(1)(a)1 and 2. (2 DEG FEL) (LEVEL 7)					
Joseph M. Westervelt (Defendant) did actually and intentionally touch or strike Emily M. Burguez (Victim) against the will of Emily M. Burguez or did intentionally cause bodily harm to Emily M. Burguez, and at the time					
Supervisor Approved: REYNOLDS Reynolds, Philip Ray 12/1/2015 21:52					
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"/>	
I AGREE TO APPEAR IN COURT HERIN 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	
Name: <u>CUTSON</u>		I swear affirm the above statements are correct and true.		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		NAME (PRINTED)		ID NUMBER	
Type of Identification:		A. CANGIALOSI		676	
OFFICIAL USE ONLY		Inmate Number & facility:			

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile
 Court Case Number:

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Defendant Name: WESTERVELT, JOSEPH, MICHAEL		Agency Case Number: 2015-00119582	
Name (L,F,M): BURGUEZ, EMILY, M	Vic Wit: <input checked="" type="checkbox"/> <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address: S KINGSWOOD DR 106, PALM COAST, Florida	Age: 22	DOB: 11/11/1993	SSN: [REDACTED]
Bus/School Address:	Zip: 32137-	Home Phone: (386)338-7187	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Bus Phone:
Name (L,F,M): [REDACTED]	Vic Wit: <input type="checkbox"/> <input type="checkbox"/>	Race: White	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address: [REDACTED]	Age: 16	DOB: [REDACTED] 1999	SSN: [REDACTED]
Bus/School Address:	Zip: 32137-	Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus Phone:	Bus Phone:
Name (L,F,M):	Vic Wit: <input type="checkbox"/> <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <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:	Bus Phone:	Bus Phone:
Name (L,F,M):	Vic Wit: <input type="checkbox"/> <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <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:	Bus Phone:	Bus Phone:
Name (L,F,M):	Vic Wit: <input type="checkbox"/> <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <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:	Bus Phone:	Bus Phone:
Name (L,F,M):	Vic Wit: <input type="checkbox"/> <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <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:	Bus 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
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.

A. CANGIALANI 676
 Investigating Officer ID Number

FLCO
 Agency

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
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 Adult
 Juvenile

Court Case Number:
 Agency Case Number:
2015-00119582

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Defendant Name: **WESTERVELT, JOSEPH, MICHAEL**

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

of the offense, Joseph M. Westervelt knew or should have known that Emily M. Burguez was pregnant, contrary to Florida Statute 784.045(1)(b). (2 DEG FEL) (LEVEL 7)

On December 1, 2015 at approximately 7:25pm I Deputy A. Cangialosi responded to Best Western, 5 Kingswood Drive Palm Coast Florida, 32137 in reference to a domestic disturbance.

Upon my arrival I had to physically chase after Joseph on a bicycle. After several attempts to get Joseph to stop with verbal commands he stopped the bicycle and got off. Joseph was then detained for further investigation. Joseph was then put in hand cuffs and placed into the back of my patrol vehicle for further investigation of the incident.


Meranda rights were then read to Joseph for further investigation at which point Joseph waived his rights and stated he wished to speak to me.

It should be noted that Joseph and Emily are in a relationship, living together and Emily has been pregnant with his child for approximately four months.

Joseph stated Emily had been out all day and was in the room for approximately 30 minutes and they were arguing. He stated at no time did anyone get physical. Joseph stated he did not at any time place his hands on Emily.

I then made contact with [REDACTED] (Witness) who stated he was outside the hotel room when he saw Joseph kick the room door open and push Emily on the bed and smack her in the face. He stated the door then shut. [REDACTED] stated he could hear Emily and Joseph screaming at each other. [REDACTED] then stated he heard Emily say "you just cut my throat!" It should be noted that a four to five inch cut could be seen on the center of Emily's throat which corroborated with [REDACTED] statement. [REDACTED] could not advise of any further information. It should also be noted that after an investigation of the hotel room it was determined that Emily and Joseph were the only two occupants in the room during the altercation which would show that Emily could only be speaking to Joseph when stating "you just cut my throat!"

I then made contact with Emily who was extremely uncooperative and did not wish to make a statement and would not allow anyone to take photographs of any injuries sustained. It should be noted that Emily verbally stated that nothing happened at first and then later verbally stated that she attacked Joseph and Joseph pushed

Sworn to and subscribed before me, the undersigned this <u>1</u> day of <u>December 2015</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>CRISBY</u>		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) <u>A. CANGIALOSI</u>	ID NUMBER <u>671</u>

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant Name: WESTERVELT, JOSEPH, MICHAEL	Agency Case Number: 2015-00119582
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#	Charge:	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:	
		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:	


her to defend himself. Emily then verbally stated that she must have scratched herself earlier and didn't realize. Emily then changed her verbal statement and said that she had a knife to her own throat and cut her neck. Emily stated she did not want to get Joseph in any trouble and did not know what she was saying and wishes to terminate the interview.

A domestic violence rights and remedies pamphlet was given to Emily as well as a case card on the incident. A public exempt form was also filled out. A victims notification was filled out and turned into the inmate facility. The Best Western filled out a trespass warning which was served at the Flagler County Inmate Facility to Joseph. Deputy Castanheira took photographs of the hotel room. See Deputy Castanheira's supplement report for further information.

Joseph was then transported to the Flagler County Inmate Facility without incident.

Axon video will be uploaded to Evidence.com

No further actions taken by this deputy.

Sworn to and subscribed before me, the undersigned this <u>1</u> day of <u>December 2015</u>	I swear/Affirm the above statements are correct and true.	Right thumb
Name: <u>C. T. S. W.</u>	 OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>A. CANGIALOSI</u>	ID NUMBER <u>676</u>
Type of Identification:		

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