

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

Arrest # _____ Bk # _____

Pg #1 of 3

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 2020 MM 000197	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2020-00021754	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR: _____ Date Arrested: 03/06/2020 Time of Arrest: 02:00	
ADDRESS OF ARREST:				Arrested By: _____ ID Number: _____	
DEFENDANT		Name (L.F.M.): BORCA, SEAN, L		A.K.A.: _____ Sex: Male Race: WHITE	
DOB: 06/20/1975		Age: 44		Driver's Lic' ID No.: B620792752200	
Height: 5.01.0		Weight: 200		State: Florida Year Expires: 2028	
Scars, Marks, Tattoos: _____		Hair: BROWN		Eyes: BROWN POB (City, St, Country): _____	
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 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) (CITY) (STATE) ZIPCODE RESIDENCE PHONE			
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE		26 WHIRLAWAY DR PALM COAST Florida 32164			
Address-Other(Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE					
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"/> DUI <input type="checkbox"/> Total Charges: 1	
#1	Charge: DOMESTIC - BATTERY	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 784.03.1.B Citation No.: _____ Bond: _____	
#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(L.F.M.): _____		Race: _____ Sex: _____ DOB: _____ 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>6th</u> day of <u>March</u> , 2020, at approximately <u>04:51</u> <u>X</u> A.M. <u></u> P.M. at <u>26 WHIRLAWAY DR</u> within <u>Flagler</u> County, violated the law and did then and there.					
On 03/06/2020, at approximately 0300 hours, I Deputy Bifano, responded to the McDonald's on SR 100 in reference to a delayed domestic disturbance.					
Upon arrival, I made contact with the victim Brett Borca who stated the following.					
Brett advised that he was hanging with some friends and came home around 12am. Brett advised that he got a tattoo on 03/01/20 and his father Sean Borca finally saw it when he came home. Brett advised that his father began to scream at Brett about the tattoo. Brett stated he ran to his room to get away					
Supervisor Approved: Tietje, Gregory Thomas 03/06/2020					
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 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 This <u>6</u> day of <u>3</u> , 20 <u>20</u> .		I swear/affirm the above statements are correct and true.		Rt Thumb	
Name: <u>Daniel Tietje #701</u>		OFFICER & COMPLAINANT'S SIGNATURE		CITATION No. _____	
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(PRETTED) <u>A. Bifano</u>		ID NUMBER <u>840</u>	
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:

Pg #2 of 3

Defendant Name: BORCA, SEAN, L		Agency Case Number: 2020-00021754	
Name (L,F,M): BORCA, BRETT, LAURENCE	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: WHITE	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address 26 whirlaway DR PALM COAST, Florida		Age: 18	DOB: 03/01/2002
Address (#, Street, City, State):		Zip: 32164	Home Phone: (904)615-4583
Bus/School Address:		Zip:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	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.

Investigating Officer: Andrew S. [Signature] ID Number: 840 Agency: FLSO

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 3 of 3

Defendant Name: BORCA, SEAN, L		Agency Case Number: 2020-00021754	
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:

from his father. Brett advised that his father ripped the door off to his room and threw it at him which left a large red mark to the left part of his chest.

Brett stated that the father then pushed him into the dresser and night stand causing it to break. Brett advised that the father continued to break the door and then hit him with it leaving red marks on his back and left arm. Brett advised that he was able to get up and run out of the house. Brett got into his vehicle and drove to his mom's house down in Port Orange. Brett advised that he felt like his life was in danger, due to his father drinking all day and his aggressive behavior. Brett advised that his father has multiple firearms inside the residence.

Deputies went over to the residence to try and make contact with Sean. Sean would not come outside and was speaking with deputies through the front door. Sean advised he was going to bed and would not step outside. Deputies continued to ask Sean to come outside, but he refused multiple times. Sean advised deputies that his cameras are recording and that deputies were trespassing on private property.

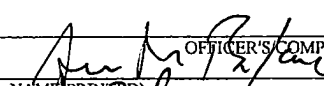
Brett stated he did not need any medical attention. Based on the sworn written statement provided by Brett, I determined that Sean was the primary aggressor for DV Battery. Brett advised that he will be staying with his mom for the time being.

Brett was provided with a case number and a Domestic Violence packet. Pictures were taken of Brett's injuries and will be submitted to AEGIS.

Axon footage will be uploaded in a timely manner.

Charges will be passed on to day shift in an attempt to make contact with Sean.

No further action taken.

Sworn to and subscribed before me, the undersigned this <u>6</u> day of <u>March</u> , <u>2020</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>David Hunt #701</u>	OFFICER'S/COMPLAINANT'S SIGNATURE  NAME (PRINTED) <u>A. J. Stevano</u>	ID NUMBER <u>8570</u>
Notary Public <input checked="" type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		

707-B - COURT COPY