

Arrest <input type="checkbox"/> Notice to Appear <input type="checkbox"/> Affidavit <input checked="" type="checkbox"/>		Arrest# _____	DJJ# _____	Court Case# _____	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 19-34712	
FCIC/NCIC Check? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		OBTs#: _____	UCR: _____	Date Arrested: _____	Time of Arrest: _____
Address of Arrest: _____			Arrested By: _____	I.D.#: _____	
CHILD	Name: (L,F,M) Gavins Jr., Marion, Leo		A.K.A: Leo	Sex: M	Race: B
DOB: 5/16/01	Age: 17	DL / ID#: _____	State: FL	Year Expires: 2026	Social Security # _____
Height: 5'11"	Weight: Unk	Hair: Blk	Eyes: Brn	Place of Birth: (City, State, Country) Florida, USA	
Scars, Marks, Tattoos: Tattoos		School: Unk		Statement: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Citizenship: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Probation: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Sexual Predator: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
English: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Deaf/Mute: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Address- Mailing Permanent: (Street, Apt, Number) (City) (State) (Zip Code) (Residence Phone)	
42 Woodlyn Ln.,		Palm Coast		FL 32164 () - ()	
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)				() - ()	
CHARGES	Domestic Violence? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infractions(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: 1	
1	Charge: First Degree Murder (Firearm)	Fel <input checked="" type="checkbox"/> Misd <input type="checkbox"/> Ord <input type="checkbox"/>	FS/ORD: 782.04(1)(A)(1)	Citation#: _____	
2	Charge: _____	Fel <input type="checkbox"/> Misd <input type="checkbox"/> Ord <input type="checkbox"/>	FS/ORD: _____	Citation#: _____	
CO-CHILD / CO-ADULT 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"/>		#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: _____	Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/>
2	Name: (L,F,M) _____	Race: _____	Sex: _____	DOB: _____	Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/>
NARRATIVE	The undersigned certifies and swears that there is probable cause to believe the above named child, on the 13th day of April , 2019 , at approximately 1236 A.M <input checked="" type="checkbox"/> P.M <input type="checkbox"/> at 4845 Belle Terre Pkwy., Palm Coast within Flagler County, violated the law and did then and there:				
<p>On April 13, 2019 at 0036 hours, the Flagler County Sheriff Office was dispatched to the parking lot of 4845 Belle Terre Pkwy, Palm Coast, Florida, 32164 in reference to a shooting. Upon arrival Flagler County Sheriff's Deputies located an 18 year old male, later identified as Curtis Israel Grey with a date of birth of December 11, 2000, laying on the ground with a gunshot wound to his abdomen. Curtis was airlifted to Halifax Hospital in Daytona Beach, Florida. A 9mm shell casing was located near Curtis. Several witnesses advised that the shooter was located in the rear passenger seat of Frank's sports utility vehicle (SUV). This vehicle was later confirmed by Flagler County Sheriff's Office Deputies as a 2001 GMC Yukon bearing Florida tag number Y48AHT.</p>					
Sworn to and subscribed before me, the undersigned, this 13th day of April , 2019		I swear / affirm the above narrative is correct and true		Right Thumb	
Name: Det. J. Fuentes #614		Arresting Officer's / Complainant's Signature Det. J. Fuentes		Date _____	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		Name (Printed) Det. J. Fuentes		I.D.# 547	
Produced Identification <input type="checkbox"/> Personally Known <input type="checkbox"/>		Type of Identification: _____			
NOTICE TO APPEAR					
I am the (Parent/Adult Relative/Legal Guardian) _____ of (Child's Full Name) _____ and promise to ensure that the child appears on (Date) _____ at (Time) _____ in Juvenile Court located at _____. I also promise immediately to notify the State Attorney Juvenile Division at (Telephone) () - _____ and the Clerk of Court at (Telephone) () - _____ of any change in the child's address.					
Parent / Adult Relative / Legal Guardian's Signature		Address		Telephone () - _____ Date	
I, (Child's Name) _____, understand that I have been charged with a law violation(s), as set forth, and that I am being released at this time to the custody of the above Parent/Adult Relative/Legal Guardian. I promise to appear in Juvenile Court on the date and time as set forth, and to appear as required for any additional conferences or appearances scheduled by Department of Juvenile Justice (DJJ), State Attorney's Office (SAO) or the court. I understand that my failure to appear shall result in a custody order being issued and that I will be picked up and taken to detention.					
Child's Signature		Date		Releasing Officer / DJJ Official (Printed)	
				DJJ Intake Telephone () - _____ Date: _____	
				I.D.#: _____	

Narrative 707-B Supplement

Arrest
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 Adult
 Juvenile

Court Case Number:

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Defendant Name: Gavins JR., Marion, Leo		Agency Case Number: 2019-34712	
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"/>	
#	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:

Witness 1 (driver) and witness 2 (front seat passenger) picked up five other people and took them to the parking lot 4845 Belle Terre Parkway, Palm Coast, Florida, 32164. Marion Leo Gavins, Jr. (the Defendant) and his friend, Teresa Slagado (also known as Alex), were two of the passengers in the Yukon. They entered the Blaze n Flame Smoke Shop. Witness 1, witness 2, witness 3 (later identified as a rear seat passenger) and the other individuals went to the Shell Gas Station located at 890 Palm Coast Parkway, SW, Palm Coast, Florida, 32137.

The Defendant and Teresa stayed inside of the Smoke Shop for several minutes before the victim, Curtis Gray, entered. The victim saw the defendant then the victim quickly exited the store. The victim then went to his vehicle and talked to one of his friends. [REDACTED]

defendant and Teresa exited the Smoke Shop when the victim was talking to his friend in his vehicle. By the time the victim saw the defendant, the defendant was back inside of the SUV and was sitting in the rear passenger seat.

As the SUV began to reverse the victim began to approach the SUV. The defendant then pointed a handgun at the victim and fired it one time. The defendant was struck in the abdomen and collapsed to the floor.

Several witness on scene heard the gun shot and saw the victim was on the passenger side of the SUV. After the gun shot the SUV sped off and began to travel south on Belle Terre Parkway.

The victim was transported to Halifax Hospital in Daytona Beach, Florida where he died from his injuries. Detectives began to look for the SUV and the occupants. Det. Moy made contact with witness 1 and witness 2. Witness 1 and Witness 2 advised after they went to the Shell Gas Station they returned to the Smoke Shop. While at the Smoke Shop, the defendant and Teresa entered into the SUV. Teresa again sat behind the driver and the defendant again sat behind the passenger. Both Witness 1 and Witness 2 stated as they were leaving they saw the victim approaching the SUV. Witness 2 stated he heard [REDACTED] According to Witness 2, as the SUV was reversing, the victim continued to approach the SUV. The defendant then told Witness 1 to stop the SUV. Once the SUV was stopped the defendant pulled out a handgun and shot the victim. The defendant then pointed the gun at Witness 1 and told Witness one to drive. The defendant then told Witness 1 where to drive to and they parked the SVU the garage located at 23 Wood Fair Lane. These witnesses identify the Defendant as a light skinned male with a tattoo on his neck.

Detectives reviewed axon video from a responding deputy and as that deputy was speaking to the victim in the back of an ambulance, he stated a light skinned male with a neck tattoo whom he believed was named "Alex" is the person who shot him.

A search warrant was subsequently served at 23 Woodfair Lane and law enforcement located the GMC Yukon in the garage. Law enforcement spoke with Witness 4, an individual who was inside 23 Wood Fair Lane when all of the occupants of the SUV arrived after the shooting. Witness 4 stated that when the group arrived at the house the defendant stated [REDACTED] The defendant said the victim was approaching the vehicle and he thought he was reaching for a gun in his pocket. [REDACTED] It should be noted that no firearm was located on or around the body of the victim on scene.

Sworn to and subscribed before me, the undersigned this <u>17</u> day of <u>April</u> , 2019	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Det. J. Fuentes #614</u>	<u>Det. J. Fuentes</u> OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME(PRINTED) <u>J. Fuentes</u>	ID NUMBER <u>547</u>
Type of Identification:		

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Gavins JR., Marion, Leo		Agency Case Number: 2019	
Name (L,F,M): Gray, Curtis, Israel	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: Black	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 77 Fortress Place, Palm Coast, Florida,		Zip: 32137	Age: 18 DOB: 12/11/00
Bus./School Address:		Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: DECEASED		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	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: 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.


547
547
FCSO

Investigating Officer ID Number Agency