

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

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

Bk # \_\_\_\_\_

Pg #1 of 4

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: <b>13-9810FFA</b>
(ORI) FL: 0 1 8 0 0 0 0	Agency Name: <b>Flagler County Sheriff's Office</b>		Agency Case Number: <b>32234-13</b>	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#	UCR:	Date Arrested:

ADDRESS OF ARREST:		Arrested By:	ID Number:
<b>DEFENDANT</b>		Name (L,F,M): <b>Norris, Holly Lyn</b>	A.K.A.:
DOB: <b>12/12/78</b>	Age: <b>34</b>	Driver's Lic/ID No.: <b>N620-332-78-952-0</b>	Sex: <b>Female</b>
Height: <b>5'6"</b>	Weight: <b>150</b>	Hair: <b>brown</b>	Race: <b>White</b>
Scars, Marks, Tattoos:	Business & Occupation: <b>none</b>	State: <b>FL</b>	Year Expires: <b>2018</b>
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): <b>4375 CR 305</b>		(CITY): <b>Bunnell</b>	(STATE): <b>FL</b>
Address-Local (STREET, APT. NUMBER):		(CITY):	(STATE):
Address-Other(Employer/School) (STREET, APT. NUMBER):		(CITY):	(STATE):

<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	Total Charges: <b>1</b>
#1	Charge: <b>Neglect of an elderly person or disabled adult</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>825.102</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: _____

<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:	DOB:
#2 NAME(L,F,M):	Race:	Sex:	DOB:

**NARRATIVE**

The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the 25<sup>th</sup> day of April, 2013, at approximately 3:50  a.m.  p.m. at 4375 CR 305 Bunnell within Flagler County, violated the law and did then and there:

On Thursday, April 25, 2013 the Flagler County Sheriff's Office responded to 4375 CR 305 Bunnell in reference to a welfare check of a mentally disabled adult male. This male, identified as John L. Satanoski DOB 3/9/48 who requires supervision and assisted living care. An employee from the adult day care that John attends regularly grew concerned after John did not come to the daycare for three days. The employee responded to John's residence and contacted the Sheriff's Office. Upon deputy's arrival at 4375 CR 305, they discovered all doors at the residence were locked from the inside and outside. A Deputy was able to make entry into the residence through a small unlocked window. Upon entry the deputy located John lying unresponsive on the floor of a bedroom. John was immediately transported to Florida Hospital Flagler by ambulance.

John lives at the address and is taken care of by his niece identified as Holly Norris. Holly Norris has power of attorney over John due to his inability to care for himself and inability to make any other important decisions. This is primarily due to the deterioration of his mental state affected by dementia. John attends an adult daycare during the day to assist him while Holly is attending school, or running other errands. Initial attempts to contact Holly were unsuccessful, although they finally contacted Holly via cellphone. They informed Holly that John was hospitalized and requested she contact the hospital.

<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 JUVENILE PARENT OR CUSTODIAN		Juve Disp.
SIGNATURE OF DEFENDANT		CITATION No.
DATE	RELATIONSHIP TO JUVENILE	

Sworn to and subscribed before me, the undersigned This <u>26<sup>th</sup></u> day of <u>Nov</u> , 2013.		I swear/affirm the above statements are correct and true.		Rt Thumb
Name: <u>SP2003 #362</u>	OFFICER'S/COMPLAINANT'S SIGNATURE: <u>[Signature]</u> #289		FILED IN THE OFFICE OF THE CLERK OF CIRCUIT COURT Flagler County Florida	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	NAME(PRINTED) <b>Elizabeth Conrad</b>	ID NUMBER <b>289</b>	<b>DEC 0 2013</b>	

<b>OFFICIAL USE ONLY</b>	Inmate Number & facility:	By _____ Deputy Clerk
707 - STATE ATTORNEY'S COPY		Paper No. _____

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case  
Number:

Page # 2 of 4

Defendant Name: <b>Norris, Holly</b>		Agency Case Number: <b>32234-13</b>	
<b>CHARGES</b>	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:

A welfare check was conducted later in the evening on Holly after the Sheriff's Office received an anonymous call of concern for her son in her care. The anonymous tip stated Holly would be located at an address off Bunkerview Dr. A deputy responded to the address provided (48B Bunker View Dr. Palm Coast). Deputy Dailey made contact with a male, identified as Michael Marsh who was caring for Holly's son. Holly was allegedly at a store in Palm Coast with the male's girlfriend (later identified as Kimberly Westerhouse). The deputy spoke with Holly over the phone and observed the child, who appeared to be in good condition.

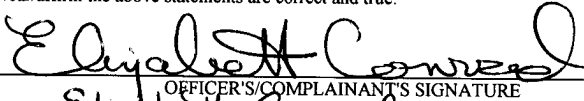
On May 9, 2013 information was received that John passed away at Florida Hospital Flagler. Holly contacted the hospital on a few occasions via telephone, but never visited John in the hospital. After the death of John I, Detective Conrad was assigned the case of John's death to assure there was nothing suspicious in nature.

On May 17, 2013 I, Detective Conrad responded to 4375 CR 305 to make contact with Holly Norris after attempts over the phone were unsuccessful. At approximately 4:11 pm I made contact with Holly Norris at her residence. Holly Norris stated she's cared for her uncle for approximately 8 years due to his disabilities. She lives at the residence with her uncle and her 3 year old child. Holly allowed this detective to observe the room where John stayed. Holly informed this detective she already cleaned a lot of John's stuff up and had also thrown his twin bed away. Holly also presented this detective with several prescription drugs that belonged to John to dispose of. Holly had plans to leave therefore this detective informed her I would return to obtain a more detailed statement from her.

Upon further investigation into John's condition and examination of the medications prescribed, it appears John suffered from dementia, seizures, high blood pressure, and anxiety.

The adult daycare worker that initially responded to John's residence was identified as Peggy Thomas and was contacted by this detective. The following information was provided by Peggy; Peggy explained the level of care John was receiving. Peggy stated John has attended the daycare for years and currently attended the daycare for 8 hours a day. Holly would drop John off and pick him up. The care consisted of feeding John, preventing him from wandering off, and sometimes bathing him. Peggy grew concerned when John didn't come to the daycare for three days. Peggy contacted Holly over the phone on Monday and Tuesday at which time Holly informed Peggy John was fine. Holly informed Peggy she was in a car accident that disabled her vehicle and she couldn't get John to the daycare. Peggy informed this detective the daycare has a transportation bus that could pick John up, but Holly stated he was fine.

On Thursday Peggy couldn't get ahold of Holly and grew concerned. It should be noted Peggy has previously requested that Holly put John in a living facility for constant care and Holly denied the recommendation.

Sworn to and subscribed before me, the undersigned this <u>26</u> day of <u>NOVEMBER, 2013</u> Name: <u>[Signature] SP21065 #352</u> 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:	I swear/affirm the above statements are correct and true. <div style="text-align: center;">                       OFFICER'S/COMPLAINANT'S SIGNATURE  <u>Elizabeth Conrad</u>                      NAME(PRINTED)                 </div> <div style="text-align: right;">                     #289                      ID NUMBER                 </div>	Right thumb
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# Narrative 707-B Supplement

Arrest  
 Adult  
 Affidavit  
 Juvenile  
 Notice to Appear

Court Case Number:

Agency Case Number:  
32234-13

Defendant Name: <b>Norris, Holly</b>		Agency Case Number: 32234-13	
<b>CHARGES</b>	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:

On May 23, 2013 at approximately 4:00 pm I responded back out to 4375 CR 305 to obtain more detailed information from Holly Norris. Our conversation was recorded and Holly provided the following information; Holly was involved in a minor car accident on Sunday April 21, 2013 and was picked up by her friends that live on Bunker View Dr. Palm Coast. Holly stated she was home from Sunday April 21, 2013 until Thursday April 25, 2013. Holly did not take John to daycare due to her not having transportation and because she was home with him so it was not necessary. Holly stated Thursday she left for no more than two hours to go to the store. She left John secured in the house and that's when the incident with the Sheriff's Office occurred. Holly stated she would never leave John for more than two hours because she has to feed him. Holly further stated John can do some things himself such as bathe, eat, and go to the bathroom. Holly puts his food out for him and he is able to get it and eat it. Holly also stated John has seizures and she has to give him medication regularly. Holly stated she gives John 1 1/2 tablets twice daily to prevent seizures and will also give him medication at night to help him sleep.

On May 31, 2013, this detective located a male friend of Holly Norris' identified as Michael Marsh. Michael Marsh was currently serving a sentence in the Flagler County Inmate Facility. Michael was the male that was in control of her young child on Thursday April 25, 2013 during the welfare check on Holly conducted by the Sheriff's Office. Michael stated Holly stayed with him and his girlfriend at Bunkerview Ln. the entire week leading to the above mentioned incident, including through the nights. Michael stated he only gave Holly a ride out to her house on CR 305 Thursday after John went to the hospital. Michael further stated his girlfriend would definitely remember more accurate dates and times. Michael was familiar with John and stated Holly brought John to Bunker View Ln on numerous occasions. Michael stated they were able to provide a ride to Holly at any time. Michael stated his previous drug use consisted of injecting pain pills (specifically Vicodin prescription pain killer). Michael also confessed Holly has the same drug addiction.

On June 4, 2013 a sworn statement was obtained from Michael Marsh's girlfriend identified as Kimberly Westerhouse. K. Westerhouse provided a statement explaining she took Holly home Friday 4/26/13 or Saturday 4/27/13, after she stayed with them for the week prior without returning to the home to care for John.

On September 9, 2013 Holly Norris voluntarily responded to the Flagler County Sheriff's Office Investigations Division. A recorded interview was conducted with Holly about the additional information obtained during my investigation. Holly finally admitted she left her uncle unattended without care for three-four days. Holly further stated she wasn't honest initially because she was scared. Holly stated there were rumors going around that she killed her uncle and wrapped him in a mattress. Holly stated she was against the assistant living facility (previously recommended) because he would "be alone" or scared he would be abused/neglected. Holly also stated she was in fear of losing her son and having to deal with the consequences from her father. I explained to Holly that she failed to provide the appropriate care for her uncle and Holly understood there would be consequences.

The report from the Medical Examiner's Office ruled John's death as follows;

Cause of Death: Respiratory Failure, Due to Acute Cerebral Infarction.

Other Significant Condition (s): Old Cerebral Infarcts, Seizure Disorder, Jaundice

Manner of Death: Natural

Sworn to and subscribed before me, the undersigned this <u>26<sup>th</sup></u> day of <u>NOVEMBER</u> , 2013	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Elizabeth Conrad #352</u>	<u>Elizabeth Conrad</u> #289 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>Elizabeth Conrad</u>	ID NUMBER
Type of Identification:		

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

Pg # 4 of 4

Defendant Name: <b>Norris, Holly</b>		Agency Case Number: <b>32234-13</b>	
Name (L,F,M): <b>Thomas, Peggy</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>1000 Belle Terre Blvd, Palm Coast, FL</b>		Zip: <b>32164</b>	Age: <b>62</b> DOB: <b>6/26/50</b> SSN:
Bus./School Address: <b>Flagler County Senior Services Department</b>		Home Phone: <b>386-931-3222</b>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: <b>386-586-2324</b>
Name (L,F,M): <b>Norris, Frank</b>		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>white</b>
Address (#, Street, City, State): <b>33 Essington Ln. Palm Coast</b>		Zip: <b>32164</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/> Age: <b>62</b> DOB: <b>6/26/50</b> SSN:
Bus./School Address:		Home Phone: <b>386-586-7658</b>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M): <b>Marsh, Michael</b>		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>white</b>
Address (#, Street, City, State): <b>6 RAEITAN WAY PALM COAST</b>		Zip: <b>32164</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/> Age: <b>30</b> DOB: <b>4/4/83</b> SSN:
Bus./School Address: <b>Currently Incarcerated : 1001 Justice Ln. Bunnell, Fl</b>		Home Phone: <b>n/a</b>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M): <b>Westerhouse, Kimberly</b>		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>white</b>
Address (#, Street, City, State): <b>6 RAEITAN WAY PALM COAST</b>		Zip: <b>32164</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/> Age: <b>28</b> DOB: <b>4/28/85</b> SSN:
Bus./School Address:		Home Phone: <b>386-503-0878</b>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Age: DOB: SSN:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Age: DOB: SSN:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:

## EVIDENCE COLLECTED

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

*Elizabeth Conrod* #289  
Investigating Officer ID Number

**FCSO**  
Agency