

7th. Judicial Circuit 707

Charging Affidavit - FLAGLER

Arrest # _____

Bk # 13-2030

Pg #1 of 1

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: _____	
(OR) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2013-00071698	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTs# <u>1841034480</u>		Date of Arrest: 9/17/2013 Time of Arrest: 19:20	
ADDRESS OF ARREST: <u>PINEASH, LN, PALM COAST, Florida, 32164</u>				Arrested By: Throuboron Robert ID Number: 615	
DEFENDANT		Name (L.F.A.): <u>Boyd, D'Marcus, Anton</u>		A.K.A.: _____	
DOB: <u>10/30/1994</u>	Age: <u>18</u>	Driver's Lic: <u>B300161943900</u>	State: <u>Florida</u>	Year Expired: <u>2021</u>	Sex: <u>Male</u> Race: <u>White</u>
Height: <u>5 10</u>	Weight: <u>167</u>	Hair: <u>Brown</u>	Eyes: <u>Brown</u>	POB (City, St. Country): <u>South CHALTRIEN</u>	Statement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos: <u>Scar</u>	<u>Burn</u>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Residence Phone: _____
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)		Address: Local (STREET, APT. NUMBER) (CITY) (STATE) (ZIP CODE)		Address: Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) (ZIP CODE) BUS SCHOOL PHONE: _____	
34 Pine Ash		Palm Coast		Florida 32164-	
Address: Local (STREET, APT. NUMBER) (CITY) (STATE) (ZIP CODE)		Address: Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) (ZIP CODE)		BUS SCHOOL PHONE: _____	
CHARGES	DOMESTIC VIOLENCE?	YES <input checked="" type="checkbox"/>	Attachment: 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"/> DUT <input type="checkbox"/>	Total Charges: <u>1</u>	
#1 Change: <u>Agg Battery/Domestic Violence</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: <u>784.045DV</u>	Citation No.: _____	Bond: <u>No Bond</u>	
#2 Change: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: _____	Citation No.: _____	Bond: _____	
#3 Change: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: _____	Citation No.: _____	Bond: _____	
CO-DEPENDANT	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"/>	Race: _____ Sex: _____ DOB: _____ Age: _____	Race: _____ Sex: _____ DOB: _____ Age: _____	
#1 NAME (L.F.A.): _____	Race: _____ Sex: _____ DOB: _____ Age: _____				
#2 NAME (L.F.A.): _____	Race: _____ Sex: _____ DOB: _____ Age: _____				
NARRATIVE The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 16th day of <u>September</u> , 2013, at approximately <u>03:45</u> A.M. <u>X</u> P.M. at <u>Pine Ash LN</u> within <u>Flagler</u> County, violated the law and did then and there,					
D'Marcus Boyd (defendant) did intentionally cause bodily harm and serious physical injury to Angela Boyd (stepmother) by grabbing her right arm and pushing her head toward the kitchen counter causing a contusion on her right forehead and a stress fracture to her right wrist and forearm. Angela Boyd continued to experience pain after declining medical assistance and self-transported herself to Florida Hospital Flagler. There she was treated and diagnosed with the injuries listed above. Angela Boyd wishes to pursue charges. Angela Boyd completed a voluntary written statement regarding this matter.					
Supervisor Approved: Walters, James Robert					
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"/>	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	SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	Disp. CITATION No. _____
Sworn to and subscribed before me, the undersigned, on the 17 day of <u>Sept.</u> 2013.					
Name: <u>D.M. Boyd #312</u>				OFFICER'S CONFIDENTIAL SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Correction Officer <input checked="" type="checkbox"/>				NAME (PRINTED)	ID NUMBER
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>					
Type of Identification:					
OFFICIAL USE ONLY				Inmate Number & facility:	

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Witness/Victim/Evidence Form 707-A

☒ Arrest
☐ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Count Case
Number:

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Defendant Name: <u>D'Amicos A. Boyd</u>		Agency Case Number: <u>2013-71658</u>	
Name (L,F,M): <u>Boyd Angela</u>	Vic Wt: <u>11</u>	Race: <u>M</u>	Sex: <u>F</u>
Address (#, Street, City, S): <u>[REDACTED]</u>	Age: <u>39</u>	DOB: <u>12/8/73</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>
Name (L,F,M): <u>[REDACTED]</u>	Vic Wt: <u>[REDACTED]</u>	Race: <u>[REDACTED]</u>	Sex: <u>[REDACTED]</u>
Address (#, Street, City, State): <u>[REDACTED]</u>	Age: <u>[REDACTED]</u>	DOB: <u>[REDACTED]</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>
Name (L,F,M): <u>[REDACTED]</u>	Vic Wt: <u>[REDACTED]</u>	Race: <u>[REDACTED]</u>	Sex: <u>[REDACTED]</u>
Address (#, Street, City, State): <u>[REDACTED]</u>	Age: <u>[REDACTED]</u>	DOB: <u>[REDACTED]</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>
Name (L,F,M): <u>[REDACTED]</u>	Vic Wt: <u>[REDACTED]</u>	Race: <u>[REDACTED]</u>	Sex: <u>[REDACTED]</u>
Address (#, Street, City, State): <u>[REDACTED]</u>	Age: <u>[REDACTED]</u>	DOB: <u>[REDACTED]</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>
Name (L,F,M): <u>[REDACTED]</u>	Vic Wt: <u>[REDACTED]</u>	Race: <u>[REDACTED]</u>	Sex: <u>[REDACTED]</u>
Address (#, Street, City, State): <u>[REDACTED]</u>	Age: <u>[REDACTED]</u>	DOB: <u>[REDACTED]</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>
Name (L,F,M): <u>[REDACTED]</u>	Vic Wt: <u>[REDACTED]</u>	Race: <u>[REDACTED]</u>	Sex: <u>[REDACTED]</u>
Address (#, Street, City, State): <u>[REDACTED]</u>	Age: <u>[REDACTED]</u>	DOB: <u>[REDACTED]</u>	SSN: <u>[REDACTED]</u>
Bus/School Address: <u>[REDACTED]</u>	Home Phone: <u>[REDACTED]</u>	Zip: <u>[REDACTED]</u>	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: <u>[REDACTED]</u>	Relative/Contact Address: <u>[REDACTED]</u>	Relative/Contact Age: <u>[REDACTED]</u>	Relative/Contact DOB: <u>[REDACTED]</u>

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

ID Number

Agency

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D. THOMAS

Hecker County
Sheriff's Office