

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: 2020 101978 CFDL	
(ORI) FL: FL0640000	Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE		Agency Case Number: 200016547
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R:	Date Arrested: 09-13-2020
ADDRESS OF ARREST (Street, City, State, Zip):		Arrested By: BERNAL,ANTHONY	ID Number: 8760
DEFENDANT	NAME (Last) ANTONINO (First) ANGELO (Middle) M	A.K.A.:	Sex: M Race: W
	DOB: 09-18-1990 Age: 29 Driver's Lic./ ID No.: [REDACTED]	State: FL Year Expires: 2013 S.S.# - [REDACTED]	
Height: 6' 03	Weight: 210 Hair: BLN Eyes: BRO	P.O.B. (City, State, Country): NY	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos:		Business & Occupation: UNEMPLOYED	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) 3441 COMMERCE AVE		(CITY) DELTONA (STATE) FL	ZIP CODE 32738 RESIDENCE PHONE (352) 320-1017
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? Yes <input checked="" 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: 1
#1	Charge: Battery on Prsn. 65 YOA or Older (Reclass) FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 784.08(2)(C)	Citation No.: Bond: 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 (Last) (First) (Middle)	Race: Sex: DOB: Age:
#2	NAME (Last) (First) (Middle)	Race: Sex: DOB: Age:

NARRATIVE	The undersigned certifies and swears that there is probable cause to believe the above-named defendant,
on the 13 day of September, 2020, at approximately 0222 a.m. p.m.	
at [REDACTED] within Volusia County, violated the law and did then and there:	

1 ***BWC Activated***

2 [REDACTED] (V1) has elected to prevent disclosure of confidential or privileged information per Marsy's Law

3

4

5 On Sunday, September 13th,2020, at approximately 0132 hours, Deputy Bernal responded to [REDACTED] in reference to a

6 possible domestic disturbance. Upon arrival, Deputy Bernal contacted Angelo Antolino (D1) and [REDACTED] (W1) who were waiting outside the

7 residence waiting for units.

8

9 Deputies then contacted [REDACTED] (W1) who advised the following: [REDACTED] (W1) stated she allowed her son Antolino (D1) into the residence at

10 approximately 0000 hours. [REDACTED] (W1) advised her father [REDACTED] (V1), saw Antolino (D1) and started yelling, due to him not being

11 allowed back in the house. [REDACTED] (W1) stated she got in between both of them when mutual pushing started. [REDACTED] (W1) advised she was able

12 to separate both of them for a moment. [REDACTED] (W1) stated Antolino (D1) then pushed passed her and pushed [REDACTED] (V1) with two hands to the

13 chest. [REDACTED] (W1) stated she had to catch [REDACTED] (V1) to prevent him from falling over. [REDACTED] (W1) completed a sworn written statement .

14

15 Deputies then contacted [REDACTED] (V1) who advised the following: [REDACTED] (V1) stated he observed Antolino (D1) entering the spare room. [REDACTED]

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
Sworn to and subscribed before me, the undersigned this 13 day of September, 2020		I swear/affirm the above statements are correct and true	
Name: [Signature]		OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		BERNAL,ANTHONY 8760	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		NAME (PRINTED) ID NUMBER	
Type of Identification: D/S J NEALIS 8427		Inmate Number & Facility:	
OFFICIAL USE ONLY			

Volusia

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- ☐ Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.
- ☐ Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:

PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. *Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court . (DO NOT MAIL CASH.)*
Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- ☐ Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- ☐ Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- ☐ Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES
If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

1. In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty ☐ or nolo contendere (no contest) ☐.
2. In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
3. By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____

Date: _____

(First)

(Middle)

(Last)

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest [checked] Affidavit [] Notice to Appear [] Adult [checked] Juvenile []

Court Case Number:

Defendant (Last) Name: ANTOLINO		(First) ANGELO	(Middle) M	Agency Case Number: 200016547	
CHARGES		DOMESTIC VIOLENCE? Yes [checked]		Attachments: Affidavit(s)? [] Statement(s) [checked] NTA Schedule [] Report [checked] Traffic Infraction(s) [] Total Charges: 1	
#	Charge:	FEL [] MISD [] ORD []	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL [] MISD [] ORD []	FS/ORD:	Citation No.:	Bond:
#	Charge:	FEL [] MISD [] ORD []	FS/ORD:	Citation No.:	Bond:

16 (V1) advised he asked Antolino (D1) to leave the residence to which Antolino (D1) started yelling at him. (V1) stated (W1)

17 attempted to get in between them in an attempt to stop the verbal altercation. (V1) advised Antolino (D1) then pushed him with such force

18 causing him to fall back and requiring (W1) to have to catch him to prevent him from falling. (V1) declined medical attention at this

19 time and completed a sworn written statement. (V1) stated he wanted to pursue charges for this incident.

20

21 Deputies observed (V1) be an elderly male with one leg and one prosthetic leg. Deputies observed no marks or injuries on (V1)

22 person. Deputies observed (V1) was calm while speaking to units.

23

24 Deputies then contacted (W2) who advised the following (W2) statements were consistent with (V1), and (V1)

25 (W1) accounts of the incident. (W2) completed a sworn written statement and had no further information at this time.

26

27 Deputy Bernal then contacted Antolino (D1) who advised the following:

28

29 Antolino (D1) advised he arrived home approximately 0000 hours and had (W1) let him inside. Antolino (D1) stated (V1) observed

30 him walking towards his bedroom, where he has resided for the past year, when he then engaged in a verbal altercation over him being at the house.

31 Antolino (D1) stated (V1) started yelling at him to leave the residence, while they were standing face to face in the doorway of his bedroom.

32 Antolino (D1) advised (V1) then stuck him with a closed fist on his left side of his face. Antolino (D1) stated he was struck just the one time.

33 Antolino (D1) advised he then used both hands and pushed (V1) in the chest in order to gain separation. Antolino (D1) stated once they

34 were separated he grabbed the house phone and contacted 911. Antolino (D1) advised the yelling continued until he exited the house to wait for law

35 enforcement. Antolino (D1) declined medical attention at this time and had no further information at this time.

36

37 Deputy Bernal observed Antolino (D1) have some slight redness on the left side of his face. It should be noted Antolino (D1) also has several

38 abrasions and contusion on his face, arms, legs which he indicated were not from this incident. Deputy Bernal did not observe any further marks to

39 confirm Antolino's (D1) statements. Deputy Bernal observed Antolino (D1) be very jittery, and was unable to stand still when speaking to unit

40

41 After a thorough investigation, coupled with statements from all parties involved, Deputy Bernal determined Antolino (D1) to be the primary aggressor

42 of the incident. At this point, Antolino (D1) was taken into custody. He would ultimately be charged with felony battery on an elderly person over the

43 age of 65 by pushing his grandfather, (V1) who is 78 years old . In addition, Antolino (D1) has been living at this

44 residence with (V1) for the past year as a family unit. Antolino was later transported to the branch jail with no bond allowed.

45

46 A check of Antolino (D1) criminal history was completed which yielded Antolino (D1) had several convictions for violating injunctions reference

47 domestic violence.

48

49 (V1) has elected to prevent disclosure of confidential or privileged information per Marsy's Law

50

51 Case Status: Arrest/ Adult

Sworn to and subscribed before me, the undersigned this 13 day of September, 2020 Name: [Signature]	I swear/affirm the above statements are correct and true [Signature]	Right Thumb	
Notary Public [] Law Enforcement Officer [checked] Personally Known [checked] Produced Identification [] Type of Identification:	OFFICER'S/COMPLAINANT'S SIGNATURE BERNAL,ANTHONY NAME (PRINTED)		8760 ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest Affidavit Notice to Appear Adult Juvenile

Court Case Number: Page # 3 of 3

Defendant (Last) (First) (Middle)			Agency Case Number:		200016547									
Name: ANTOLINO ANGELO M			Vic Wit		Race: W		Sex: M F		Age: 78		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
Name: (Last) (First) (Middle)			Vic Wit		Race: W		Sex: M F		Age: 49		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
Name: (Last) (First) (Middle)			Vic Wit		Race: W		Sex: M F		Age: 75		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
Name: (Last) (First) (Middle)			Vic Wit		Race:		Sex: M F		Age:		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
Name: (Last) (First) (Middle)			Vic Wit		Race:		Sex: M F		Age:		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
Name: (Last) (First) (Middle)			Vic Wit		Race:		Sex: M F		Age:		DOB:		SSN:	
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: Yes No							
Bus/School Address:			Zip:		Bus: Phone:									
Relative/Contact Name			Relative/Contact Address:		Phone:									
EVIDENCE COLLECTED														
Description of Evidence					Date Recovered			Model Serial/I.D. Number			Drug Amount			
BWC					09-13-2020									
Owner Name (Last) (First)			(Address)		(Phone)			Value						
Description of Evidence					Date Recovered			Model Serial/I.D. Number			Drug Amount			
Owner Name (Last) (First)			(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			
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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.

BERNAL,ANTHONY Investigating Officer

DU BE 8760 ID Number

VCSSO Agency