

7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Arrest # _____

Bk # 15-1999

Pg #1 of 4

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: 2015 CF 000755	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2015-00094963	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1501044698</u>		UCR:	Date Arrested: 9/14/2015
ADDRESS OF ARREST: 8, PINE BROOK DR, PALM COAST, Florida, 32164		Arrested By: Crosbee James		Time of Arrest: 13:23	
DEFENDANT		Name (L.F.M.): CULOTTA, STACY, MARIE		A.K.A.:	
DOB: 09/05/1979		Age: 36		Sex: Female	
Height: 5 7		Weight: 150		Race: White	
Scars, Marks, Tattoos:		Business & Occupation:		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prohibition: 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: 8 PINE BROOK DR		(CITY) Palm Coast		(STATE) Florida	
Address-Local: 8 PINE BROOK DR		(CITY) PALM COAST		(STATE) Florida	
Address-Other(Employer-School):		(CITY):		(STATE):	
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 checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	
#1 Charge: Agg Assault on LEO		FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#2 Charge: Resist Arrest Without Violence		FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#3 Charge:		FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
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:	
#2 NAME(L.F.M.):		Race:		Sex:	
NARRATIVE		The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>14th</u> day of <u>September</u> , <u>2015</u> , at approximately <u>01:23</u> <u>A.M.</u> <u>X</u> P.M. at <u>8 PINE BROOK DR</u> within <u>Flagler</u> County, violated the law and did then and there.			
On September 14, 2015 at approximately 1:07pm, I responded to 8 Pine Brook Drive in Palm Coast, FL in reference to a 911 investigation. Prior to my arrival, Flagler County Communications Division advised that they were able to hear through the open line, mention of a firearm. Upon my arrival, Deputy Ebrill, Sergeant Van Buren, and I noticed someone sitting on the back patio by the pool area of the residence inside the screen.					
Deputy Ebrill, Sergeant Van Buren, and I made our way towards the screened in pool areas on					
Supervisor Approved: Van Buren, Michael Steven					
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.					
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
I swear to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.		RI Thumb	
Name: <u>[Signature]</u>		OFFICER'S COMPLAINTANT'S SIGNATURE		NAME(PRINTED)	
Notary Public <input type="checkbox"/> Law Enforcement or Corroborating Officer <input checked="" type="checkbox"/>		PERSONALLY KNOWN <input type="checkbox"/> PRODUCED IDENTIFICATION <input type="checkbox"/>		ID NUMBER	
Type of Identification:		Inmate Number & Facility:		[Signature]	

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear

 Adult
 Arrest

Court Case Number:

Pg #2 of 4

Defendant Name: CULOTTA, STACY, MARIE		Agency Case Number: 2015-00094963	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	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: Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
PLASTIC AIRSOFT GUN	9/14/2015	CYBERGUN 6MM	
Owner(Name) CULOTTA, STACY MARIE (Address) 8 PINE BROOK		(Phone) (443)910-8323	Value \$,25.00
Multiple Taser Axon Videos	09/14/2015		
Owner(Name) Flagler County Sheriff's Office (Address) 1001 Justice Lane		(Phone) (386)437-4116	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.

ID Number
Agency

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant Name:

CULOTTA, STACY, MARIE

Agency Case Number:

2015-00094963

CHARGES		DOMESTIC VIOLENCE?	YES	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:

the south (right) side of the residence. When I attempted to make contact with the arrestee, Stacy Culotta, she refused to get up from the chair. I attempted to open the screen door, which was locked. While I was attempting to open the screen door, Stacy walked over towards my general direction inside the screened in patio and displayed what appeared to be a small black semi-automatic handgun. I immediately drew my department issued Glock 22 handgun while attempting to find cover in the ditch located south of where I was standing while giving loud, clear verbal commands for Stacy to drop the firearm, which she did not comply. While still giving loud and clear verbal commands, I was able to take cover behind a small tree located in the lot next to the residence on the south side. I continued to give loud and clear verbal commands, which were met with negative results as Stacy refused to drop the firearm. From my position behind the tree, I was able to clearly see what appeared to be the firearm in her hands. Throughout the incident, Stacy appeared to cycle the slide of the firearm several times. Sergeant Van Buren and Deputy Ebrill held their position directly adjacent to the residence. Both Sergeant Van Buren and I explained to Stacy that we just wanted to speak to her and talk about what was going on, but she again refused to put down the firearm.

Stacy then placed the dog that was outside in the screened in pool area in the house and stated that she was willing to talk but refused to put down the firearm. Stacy then opened the screen door and stepped out of the pool area with the firearm still in her hand. Sergeant Van Buren and I again gave Stacy loud and clear verbal commands to drop the firearm, which she refused. Deputy Hristakopoulos arrived on scene and took a position directly to the west of my location behind a tree. At this time, Stacy raised the firearm and pointed the firearm at or in the general direction of Deputy Hristakopoulos. As Stacy raised the firearm in the direction of Deputy Hristakopoulos, Sergeant Van Buren deployed his department issued Taser X26, which struck Stacy. Stacy dropped the firearm and fell to the ground. Sergeant Van Buren immediately grabbed Stacy's hands while she was on the ground and I was able to successfully place handcuffs on her without incident. When the firearm was collected, it was determined to be a black plastic 6mm airsoft pistol manufactured by Cybergun with the orange tip removed. Deputy Ebrill collected the pistol, which will be entered into evidence.

After reading Stacy the Miranda warning from my agency issued card, she agreed to discuss the

Sworn to and subscribed before me, the undersigned this <u>11</u> day of <u>September</u> , 2015.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u> 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>DIS Crasbee</u>	ID NUMBER <u>679</u>
Type of Identification:		

707-B - COURT COPY

