

7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Arrest # _____

Bk # 22-288

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: 2022 CF 000128	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2022-00011295	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1901061877</u>		Date Arrested: 02/07/2022	
ADDRESS OF ARREST:		Arrested By: <u>Chewning Austin</u>		ID Number: 699	
DEFENDANT Name (L.F.A.): <u>BENNETT, LOMACK, JONES</u>		A.K.A.:		Sex: <u>Male</u> Race: <u>BLACK</u>	
DOB: <u>02/09/1988</u> Age: <u>33</u> Driver's Lic/ID No.: <u>B-530-530-88-049-0</u>		State: <u>Florida</u> Year Expires: <u>2028</u>		S.S. #:	
Height: <u>5 10</u> Weight: <u>260</u> Hair: <u>BLACK</u> Eyes: <u>BROWN</u>		POB (City, St, Country):		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos:		Business & Occupation:		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) (CITY) (STATE) ZIPCODE RESIDENCE PHONE			
<u>470 BULLDOG DR 1102</u>		<u>PALM COAST Florida 32164-</u>			
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE		<u>470 BULLDOG DR 1102 PALM COAST Florida 32164 (386)283-0659</u>			
Address-Other(Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE					
CHARGES DOMESTIC VIOLENCE? YES <input checked="" type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: <u>02</u>	
#1	Charge: <u>CHILD ABUSE WO GREAT BODILY HARM</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>827.03.2.C</u>	Citation No.:	Bond: <u>None</u>
#2	Charge: <u>BATTERY - STRANGULATION</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.041.3</u>	Citation No.:	Bond: <u>None</u>
#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(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>4th</u> day of <u>February</u> , <u>2022</u> , at approximately <u>16:00</u> <u>PM</u> at <u>470 BULLDOG DR 1102</u> within <u>Flagler</u> County, violated the law and did then and there.			
On 02/07/2022, at approximately 1319 hours, Deputy Landi and I, Deputy Chewning, was working in the capacity as school resource deputies at Matanzas High School. During our tour of duty, Deputy Landi received a message from witness, Thomas Gillin, who advised that a student of his, victim, [REDACTED], approached him about an incident that occurred over the weekend, specifically 02/04/2022. Thomas stated that [REDACTED] approached him and wished to speak with him in private about his father, suspect, Lomack Bennett Sr., who "busted his lip". Thomas advised that [REDACTED] showed him photographs of his injuries that he took on his school issued computer. Thomas further stated that [REDACTED] inquired if he should notify law enforcement					
Supervisor Approved: <u>Dalley, Joseph 02/07/2022</u>					
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 <u>07</u> day of <u>02</u> , <u>22</u> .		I swear that the above statements are correct and true.	
Name: <u>DALLEY</u>		Signature: <u>[Signature]</u>		OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		Personally Known <input checked="" type="checkbox"/> Physical Identification <input type="checkbox"/>		Type of Identification:	
OFFICIAL USE ONLY.		Name (PRINTED): <u>A. CHEWNING</u>		ID NUMBER: <u>699</u>	
		Inmate Number & facility:			

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page #2 of 4

Defendant Name: BENNETT, LOMACK, JONES		Agency Case Number: 2022-00011295	
Name (L,F,M):		Relative/Contact Address:	
Address (#, Street, City, State):		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: BLACK
Bus/School Address:		Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Age: 46
Relative/Contact Name:		DOB: 09/27/1975	SSN: --
Name (L,F,M): MCCASKELL, LARONDA, LATRICE		Zip: 32164	Home Phone:
Address (#, Street, City, State): 470 BULLDOG DR 1102, PALM COAST, Florida		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Bus. Phone:
Bus/School Address:		Zip:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): GILLIN, THOMAS, JOHN		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: WHITE
Address (#, Street, City, State): 3535 PIRATE NATION WAY PALM COAST, Florida		Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 33
Bus/School Address: 3535 PIRATE NATION WAY PALM COAST, Florida		DOB: 10/05/1988	SSN: --
Relative/Contact Name:		Zip: 32137	Home Phone: (386)447-1575
Name (L,F,M):		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Bus. Phone: (386)447-1575
Address (#, Street, City, State):		Zip: 32137-	Bus. Phone:
Bus/School Address:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
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:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Zip:	Home Phone:
Name (L,F,M):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bus. Phone:
Address (#, Street, City, State):		Zip:	Bus. Phone:
Bus/School Address:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
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:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Zip:	Home Phone:
Name (L,F,M):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bus. Phone:
Address (#, Street, City, State):		Zip:	Bus. Phone:
Bus/School Address:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
PHOTOGRAPHS OF INJURIES	02/07/2022		
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.

[Signature] 1099 *[Signature]*
 Investigating Officer ID Number Agency

707-A - COURT COPY

**Narrative 707-B
Supplement**

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Page # of

Defendant Name:		Agency Case Number:	
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:

about what occurred. Thomas completed a voluntary sworn written statement about the incident.

Subsequent contact was made with [REDACTED] who stated that on 02/04/2022, between 1450-1500 hours, he came home from school after his mother, witness, Laronda McCaskell, picked him up from Matanzas High School. [REDACTED] stated that Laronda began questioning him about wearing makeup and asked him to wipe his face to prove such. [REDACTED] stated that after wiping his face with a baby wipe, she yelled to Lomack Sr. about him wearing makeup. [REDACTED] stated that Lomack Sr. approached him and began questioning him about his sexual orientation. [REDACTED] stated that at that time, Lomack Sr. slapped him for no reason and proceeded to choke him. [REDACTED] stated that while Lomack Sr. was choking him, it was difficult for him to breathe as his airway was restricted. [REDACTED] stated that after Lomack Sr. was done choking him, he threw him to the floor. [REDACTED] stated that after he got himself off the ground, Lomack Sr. pushed him against his bed. [REDACTED] stated that after being pushed to the bed, he regained his footing and Lomack Sr. slapped him in the face again. [REDACTED] stated that the battering continued again after Lomack Sr. slapped him in the face one last time, which cause a laceration to his lip and causing blood to splatter on his eyeglasses. [REDACTED] stated that after observing blood, Lomack Sr. proceeded to yell at him to clean himself up and to clean his mouth. [REDACTED] completed a voluntary sworn written statement of the incident. [REDACTED] was also provided necessary domestic violence materials in accordance with Florida State Statutes and Flagler County Sheriff's Office General Orders.

It's to be noted that when [REDACTED] made contact with me in my office, he was wearing blush, eyeliner and artificial eyelashes. [REDACTED] advised that Laronda picks him up from school and he was concerned and nervous that she would observe him with said makeup and removed it. [REDACTED] advised that he normally waits until he gets to school to put on makeup to avoid any conflicts at home. I noticed that the right side of [REDACTED] upper lip was swollen and a minor laceration was observed in the various stages of healing.

[REDACTED] also sent me four (4) photographs which will be uploaded to the Aegis LERMS database for evidentiary purposes.

A short while later, I attempted to make telephonic contact with Laronda to advise her of the situation and to respond to the campus in an attempt to make a statement of what transpired, to which she advised that she would.

Subsequent contact was made with Laronda who confirmed that an argument did ensue between [REDACTED]

Sworn to and subscribed before me, the undersigned, this <u>07</u> day of <u>Feb</u> , 2022	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>D/24973</u>	<u>D/S A. Cheuning</u> #659 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>D/S A. CHEUNING</u>	ID NUMBER <u>659</u>
Type of Identification:		

707-B - COURT COPY

Narrative 707-B Supplement

- Arrest
- Affidavit
- Notice to Appear
- Adult
- Juvenile

Court Case Number: _____

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Defendant Name: _____	Agency Case Number: _____
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
	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"/> 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:

and Sr. but, she did not observe anything physical between the two. Laronda advised that later on, she observed [REDACTED] injured lip. While speaking with Laronda, Lomack Sr. called her cellular phone and spoke with Deputy Landi. Lomack Sr. advised that he confronted Jr. about wearing makeup and that he wasn't old enough to make decisions like that. Lomack Sr. also advised that nothing physical occurred between them. Laronda advised that she would notify law enforcement when Lomack Sr. comes home from his place of employment.

I notified the Florida Department of Children and Families (DCF) and spoke with Operator Alexandria #161 and disclosed all information obtained from the incident. After providing the information, Operator Alexandria advised that a report would be completed.

At this time, based on the victim's statement and injury, I have established sufficient probable cause to believe that Lomack Sr. committed the offenses of Child Abuse and Domestic Battery by Strangulation. Lomack Sr. did commit an intentional act that could reasonably be expected to result in physical or mental injury to [REDACTED] and did knowingly and intentionally, against the will of another, impeded the normal breathing or circulation of the blood of a family or household member or of a person with whom he or she is in a dating relationship, so as to create a risk of or cause great bodily harm by applying pressure on the throat or neck of the other person or by blocking the nose or mouth of the other person.

A charging affidavit was completed.

Taser Axon Body 3 footage will be uploaded to Evidence.com.

No further action was taken by this deputy.

Sworn to and subscribed before me, the undersigned, this <u>07</u> day of <u>Feb</u> , <u>2022</u> Name: <u>D. 2973</u>	I swear/affirm the above statements are correct and true. <u>D/S Austin [Signature] #699</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Right thumb
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>D/S A. CHEWNING</u>	ID NUMBER <u>699</u>
Type of Identification: _____		

707-B - COURT COPY