Notary Public ☐ Law Enforcement or Corrections Officer ☐ Personally Known ☐ Produced Identification ☐ Type of Identification:

OFFICIAL USE ONLY

| 7th. Judicial Circuit 707  Charging Affidavit - FLAGLER  Arrest # Bk # Pg #1 of _4_ |                             |                  |                      |                     |                                       |                                  |                            |                   |                   |                    |                        |                     |                |                          |
|---|-----------------------------|------------------|----------------------|---------------------|---------------------------------------|----------------------------------|----------------------------|-------------------|-------------------|--------------------|------------------------|---------------------|----------------|--------------------------|
| ARR   | EST   NOTIC                 | CE TO A          | PPEAR                | □ AI                | FIDAVIT 🛭                             | <b>C.C.</b> □                    | ADULT 🛚                    | JUVENILE          |                   |                    | ourt Case<br>Iumber:   |                     |                |                          |
| (ORI)   | FL: 0                       | 1 8              | 0 0                  | 0                   | 0 Agency<br>Name:                     | Flagler C                        | ounty Sherif               |                   |                   |                    | gency Case<br>Jumber:  | 2018                | 3-00080        | 607                      |
| FCIC  | NCIC Check                  | ? Yes □          | ] No □               |                     | OBTS#                                 |                                  |                            | UCR:              | Date<br>Arrested: |                    |                        | Time of<br>Arrest:  | 17:00          | )                        |
| ADDRE:  | SS OF ARREST: FI            | orida            |                      |                     |                                       |                                  |                            | Arrested<br>By:   |                   |                    | - 1                    | ID<br>Number:       |                |                          |
| DE  | FENDANT                     | Name<br>(L,F,M): |                      |                     | TTYE, LEWIS                           |                                  |                            | A.K.A.:           |                   |                    | Sex: Female Race White |                     |                |                          |
| DOB:  | 04/10/1946                  | Age: 7           |                      | river's l<br>D No.: | B5351724                              | 66301                            |                            | State:<br>Florida | Year<br>Expires   | 2025               | ;                      | S.S. #:             |                |                          |
| Height  | 5 03                        | Weight:          | 150                  |                     | lair:<br>ed or Auburn                 | Eyes:<br>Blue                    | POB<br>(City, S            | St, Country)      |                   |                    |                        |                     |                | Statement:<br>Yes □ No □ |
| Scars, I  |                             |                  |                      |                     |                                       | Business &<br>Occupation:        | ·                          |                   |                   |                    |                        |                     |                | Citizenship:<br>Yes□ No□ |
| Probati   | on: Yes                     | □ No □           | s                    | exual Pı            | redator: Yes                          | □ No □                           | English:                   | Yes □             | No □              |                    | Deaf/Mut               | e:                  | Yes            | □ No □                   |
|   | s–Mailing/Permanen          | ıt               | (S                   | TREET               | , APT. NUMBER)                        |                                  | PALM COA                   | CITY)             | (STA              | TE)                | ZIPCOL<br>32           | )Е<br>2 <b>164-</b> | RESIDE         | NCE PHONE                |
|   | s-Local                     |                  | (S                   |                     | , APT. NUMBER)                        |                                  | (C                         | CITY)             | (STA              |                    | ZIPCOL                 |                     |                | NCE PHONE                |
| 29<br>Addres  | RYDER<br>s-Other(Employer/S | chool)           |                      |                     | DR<br>(, APT. NUMBER)                 |                                  |                            | COAST<br>TTY)     | Floric<br>(STA    |                    | 32164-<br>ZIPCOE       | )E                  |                | 27-4764<br>HOOL PHONE    |
|   |                             | ,                | `                    |                     | <i></i>                               |                                  |                            |                   |                   |                    |                        |                     | T-4-1          |                          |
|   | ARGES                       | DOMES'<br>VIOLEN |                      | S 🗆                 | Attachments: Aff                      |                                  |                            | Schedule 🗌        | -                 |                    | action(s)              |                     | Total<br>Charg |                          |
| #1  | Charge:<br>DANGEROUS DO     | G- ATTACK        | OR BITE-             | SEVER               | E INJURY                              | DU ORDU                          | FS/ORD:<br><b>767.13.2</b> |                   |                   | on No.:            |                        |                     | Bond:          |                          |
| #2  | Charge:                     |                  |                      |                     |                                       | D ORD                            | FS/ORD:                    |                   |                   | on No.:            |                        |                     | Bond:          |                          |
| #3  | Charge:                     |                  |                      |                     |                                       | D□ ORD□                          | FS/ORD:                    |                   |                   | on No.:            |                        |                     | Bond:          |                          |
|   | DEFENDA<br>ME(L,F,M):       | NT Co            | -Def #1. Ar          | rested?             | Y 🗆 N 🗆 Fel 🗆                         | Misd. ☐ Traf. ☐                  | Ord. NTAL                  | ☐ Co-Def          | #2. Arrested?     |                    | ☐ Fel. ☐ : Sex:        | Misd. DO            |                | Ord. NTA                 |
|   | ME(L,F,M):                  |                  |                      |                     |                                       |                                  |                            |                   | Race:             |                    | Sex:                   | DO                  |                | Age:                     |
|   | , , , ,                     | <b>-</b> 1       |                      |                     | · · · · · · · · · · · · · · · · · · · | 414 41                           |                            |                   |                   |                    |                        |                     |                |                          |
| NAI   | de III v E                  | the <u>23th</u>  | ersigned<br>_ day of | a cert<br>Aug       | ifies and swea<br>ust                 | _, <u>2018</u> _, ;              | at approxim                | ately <u>17:</u>  | 00                | A.M                | <u>X_</u> Р.М. а       | at                  |                |                          |
|   | 29 RY                       | DER DR           |                      |                     |                                       | wit                              | hin <u>Flagler</u>         | •                 | _ County, v       | violate            | ed the lav             | w and o             | did ther       | and there.               |
|   | On August 2                 |                  |                      |                     | •                                     |                                  | _                          |                   |                   |                    |                        |                     |                |                          |
|   | icer Rodrigu                |                  |                      |                     | •                                     | •                                | _                          |                   |                   |                    |                        |                     | _              | _                        |
|   | mal bite cas                |                  |                      | _                   |                                       |                                  |                            | _                 | -                 |                    |                        |                     |                |                          |
| ret   | erence to Flo               | orida St         | atue 7               | 6/.1:               | 3(2), wnich i                         | is for the A                     | ттаск/віте                 | e or a pre        | eviously          | decia              | rea aar                | ngero               | us aog         | <b>5.</b>                |
|   | On Februar                  | y 21, 20         | 018, the             | e dog               | g named Co                            | oper, a Do                       | berman /                   | Hound r           | nixed ma          | ale do             | og, was                | decla               | red a          |                          |
| daı   | ngerous dog                 | by the           | City of              | Port                | Orange An                             | imal Contr                       | ol departr                 | ment. Th          | e report          | was                | made b                 | y Offi              | icer Ch        | nris                     |
|   |                             |                  |                      |                     |                                       |                                  |                            |                   |                   |                    |                        |                     |                |                          |
|   |                             | _                |                      |                     | D 1                                   | 0/07/00/0                        |                            |                   |                   |                    |                        |                     |                |                          |
| NO  | Supervi                     |                  | _                    | DATOR               | s, Robert S. 08                       | <b>8/2//2018</b><br>EED NOT APPE | AR IN COURT                | BUT MUST (        | COMPLY WIT        | ГΗ                 | FINE, AN               | D COSTS             | S              |                          |
|   | EE TO APPEAR IN             |                  | AFFE                 | ARANO<br>NSWEF      |                                       | UCTIONS ON TI<br>HARGED OR TO    |                            |                   |                   | <br>ht dn <i>p</i> | AMOUNT<br>ATSHOUL      |                     | ULLY FAI       | L TO APPEAR              |
| BEFOR   | RETHE COURT AS I            | required,        | , OR PAY 1           | THE LIST            | TED FINE, I MAY B                     | E HELD IN COI                    | NTEMPT OF CO               | URT AND A         | W ARRANT F        |                    | ARREST W               | ILL BEISS           | SUED.          |                          |
|   |                             |                  |                      |                     | CICNI                                 | ATURE OF JUV                     | ENHLE DADENE               | COD CLISTO        | Disp              | ATION :            | NT-                    |                     |                |                          |
|   |                             |                  |                      |                     |                                       |                                  |                            |                   | DIAN CIT          | AHON.              |                        |                     |                |                          |
| SIGNA   | TURE OF DEFENE              | DANT             | DATE                 |                     | RELA                                  | TIONSHIP TO J                    | UVENILE                    |                   |                   |                    |                        |                     |                |                          |
|   | to and subscribed be        |                  | undersigne           | d                   | I swea                                | r/affirm the abov                | e statements are o         | correct and tru   | ie.               |                    |                        | Rt                  | Thumb          |                          |
| Name:   |                             |                  |                      |                     |                                       | Ol                               | FFICER'S/COM               | PLAINANT'S        | S SIGNATUR        | E                  |                        | $\dashv$            |                |                          |

707 - COURT COPY

ID NUMBER

NAME(PRINTED)

Inmate Number & facility:

## Witness/Victim/Evidence Form 707-A

☐ Arrest X Affidavit ■ Notice to Appear

| Adult    |
|----------|
| Juvenile |

Court Case

Pg #2 of 4 Number: Defendant Name: **BENTON, DOTTYE, LEWIS** Agency Case 2018-00080607 Number Vic ☐ Wit 🗶 Age **52** 10/11/1965 (L,F,M): BENTON, DAWN, MICHELLE White м 🗖 ғ 🕱 Address 37 TIMBER TRL PORT ORANGE, Florida Home Zip Phone (386) 547-1759 32127-Yes No X (# Street City State) Bus./School Zip Bus. Address: Phone Relative/ Relative/Contact Phone: Contact Name: Address DOB: 03/08/1992 Name Vic X Sex Age 26 (L,F,M): BLALOCK, SHANE, A White Wit M 🕱 F 🗖 Address 40 WELLWOOD LN PALM COAST, Florida Zip: 32164-Home Phone (386) 693-6400 Yes 🔼 No 🗖 (#, Street, City, State) Bus./School Zip: Bus. Phone: Address: Relative/ Relative/Contact Phone Contact Name: Address Name Vic 🗶 Race: White DOB: **05/16/1960** Age 58 (L,F,M): SANDT, TERRY, Wit 🔲 M 🕱 F 🗆 Address 6387 NIKA CT PORT ORANGE, Florida Home Zip: 32128-7272 Phone (386) 566-9393 Statement Yes 🕅 No 🗖 (#, Street, City, State): Bus:/School Zip Bus. Address: Phone Relative/ Phone Relative/Contact Contact Name: Address Name Vic U DOB: SSN Race Age M 🗆 F 🗖 (L,F,M): Wit Address Zip: Home Statement: (#, Street, City, State): Yes 🔲 No 🔲 Phone Bus. Bus:/School Zip: Address: Phone Relative/ Relative/Contact Phone: Contact Name: Address Age Name Vic Sex (L,F,M): Wit  $M \square F \square$ Home Statement: Yes No Address Zip: (#, Street, City, State): Phone Bus./School Bus. Zip: Address: Phone: Relative/ Relative/Contact Phone Contact Name Address Vic U Race DOB SSN Name Age (L,F,M):  $M \square F \square$ Zip: Home Statement: Address (#, Street, City, State): Yes 🔲 No 🔲 Phone: Bus. Bus./School Zip: Address: Phone Phone Relative/ Relative/Contact Contact Name EVIDENCE COLLECTED Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Value Owner(Name) (Address) (Phone) Model Serial/I.D. Number Description of Evidence Date Recovered Drug Amount Owner(Name) (Address) (Phone) Value Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Model Serial/I.D. Number Description of Evidence Date Recovered Drug Amount Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Date Recovered Model Serial/LD Number Drug Amount Description of Evidence Date Recovered Model Serial/I.D. Number Drug Amount Description of Evidence Model Serial/LD, Number Date Recovered 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

| Su   | rrative 707-B  | ☐ Arrest  Maffidavit ☐ Notice to Appear | Affidavit Juvenile Court Case Notice to Appear Number: |                     |                      | Page # 3 of 4 |   |       |  |  |
|--|--|---|--|---------------------|----------------------|---------------|---|-------|--|--|
|  | Defendant Name: Agency Case Number:  BENTON, DOTTYE, LEWIS 2018-00080607 |   |  |                     |                      |               |   |       |  |  |
| CH   | IARGES DOMESTIC VIOLENCE? YES  | Attachments: Affid                      | lavit(s)   Stateme                                     | ent(s) NTA Schedule | Report Traffic Infra | ction(s)      | Total<br>Charge   | s:    |  |  |
| #  | 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: |  |  |
| # Charge: FEL   MISD   ORD   FS/ORD: Citation No: Bond:  # Charge: FEL   MISD   ORD   FS/ORD: Citation No: Bond:    FS/ORD: Citation No: Bond:   FS/ORD: Citation No: Bond:   FS/ORD:   FS |  |   |  |                     |                      |               | 2017 with home driguez agerous by 3-000810)  te incident trinvolved Carpet age City of ailed to tell clear at the meet 2018, to the agerous  Benton At this driguez agerous at the System.  t FI., aloyee) on ad Dottye |       |  |  |

OFFICER'S/COMPLAINANT'S SIGNATURE

I swear/affirm the above statements are correct and true.

NAME(PRINTED)

Sworn to and subscribed before me, the undersigned

\_day of \_

Type of Identification:

Right thumb

ID NUMBER

| Na  | rrative 707-B  |  | Adult   |   |   |                                  |                            |  |
|---|--|--|---|---|---|----------------------------------|----------------------------|--|
| Su  | pplement   | Affidavit ☐ Notice to                    | ☐ Juvenile<br>Appear                                | Court Case<br>Number:   |   | Page                             | # 4 of 4                   |  |
| Defendant Name: Agency Case Number: BENTON, DOTTYE, LEWIS 2018-00080607 |  |  |   |   |   |                                  |                            |  |
| CH  | ARGES DOMESTIC VIOLENCE?   | S   Attachme                             | ents: Affidavit(s) 🗆 Sta                            | ntement(s) NTA Schedul  | n(s)  NTA Schedule  Report  Traffic Infraction(s)   |                                  |                            |  |
| #   | Charge:  |  | FE  | L MISD ORD  | FS/ORD:   | Citation No:                     | Bond:                      |  |
| #   | Charge:  | ***                                      | FE  | L MISD ORD  | FS/ORD:   | Citation No:                     | Bond:                      |  |
| #   | Charge:  |  | FE  | L MISD ORD  | FS/ORD:   | Citation No:                     | Bond:                      |  |
| in<br>rep<br>Sa   | t take responsibility to for a muzzle and on a chain port the third bite, and bondt, The Palm Coast Anime of a previously declared | or leash an<br>ecause the<br>mal Control | d under her co<br>dog caused se<br>l Office is purs | ontrol to avoid fu<br>ervere injury on t<br>uing the Felony c | rther incidents<br>he second bite<br>harge of Statu | s and also mad<br>incident invol | e no attempt to ving Terry |  |
|   | n to and subscribed before me, the under   | rsigned                                  | I swear/affirm the above                            | ve statements are correct and                                 | true.   |                                  | Right thumb                |  |
| Nam   |  |  |   |   |   |                                  |                            |  |
| Nota  | ry Public Law Enforcement Officonally Known Produced Identificat   |  |   | OFFICER'S/COMPLAIN.   | ANT'S SIGNATURE                                     |                                  |                            |  |

NAME(PRINTED)

Type of Identification:

ID NUMBER