

NOTICE TO APPEAR **AFFIDAVIT** **C.C.** **ADULT** **JUVENILE**

(ORI) FL: 1 | 8 | 0 | 0 | 0 | 0 Agency Name: **FLAGLER COUNTY SHERIFF'S OFFICE** Court Case Number: **18-503 CFFA**

FCIC/NCIC Check? Yes No OBTS # _____ UCR: _____ Date Arrested: _____ Time of Arrest: _____

Agency Case Number: **44847-13**

DEFENDANT

NAME (L,F,M): **Rodriguez, Luis Guillermo Beatriz** A.K.A.: _____ Sex: **M** Race: **H**

Age: **24** Driver's Lic. ID No.: _____ State: **FL** Year Expires: **2019** S.S.#: _____

Height: **5'6"** Weight: _____ Hair: **BRN** Eyes: **BRN** P.O.B. (City, State, Country): **Puerto Rico**

Scars, Marks, Tattoos: **Unknown** Business & Occupation: **Unknown** Citizenship: No Yes

Probation: Yes No Sexual Predator: Yes No English: Yes No Deaf/Mute: Yes No

Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE: **15 Red Oak PL Palm Coast FL 32167** PHONE: _____

Address - Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE: _____ RESIDENT PHONE: _____

Address - Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE: _____ BUS/SCHOOL PHONE: _____

CHARGES

DOMESTIC VIOLENCE? YES Attachments: Affidavit(s) Statement(s) NTA Schedule Report Traffic Infraction(s) DUI Total Charges: **1**

#1	Charge: Aggravated Battery	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 784.045	Citation 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 N Fel. Misd. Traf. Ord. NTA Co-Def #2. Arrested? Y N Fel. Misd. Traf. Ord. NTA

#1 NAME (L,F,M): _____ Race: _____ Sex: _____ Age: _____

#2 NAME (L,F,M): _____ Race: _____ Sex: _____ Age: _____

NARRATIVE

The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the 7 day of June, 2013, at approximately _____ a.m. / p.m. at 437 Woodpecker Ln within Flagler County, violated the law and did then and there: cause great bodily harm or permanent disfigurement by striking the victim against his will.

The defendant was at 437 Woodpecker Lane drinking beer with the victim and other subjects on scene. They had been talking about wrestling. While sitting at a picnic bench outside. The defendant punched the victim with a closed fist striking the victim in the left eye. Witness advised there was no argument or disagreement and the act was done unexpectedly. The victim has had approximately \$7,000 in medical cost and is scheduled for surgery on June 11. Without the surgery he could lose the vision in his eye per his doctor. Pictures were taken of his eye.

NOTICE TO APPEAR **MANDATORY APPEARANCE** **YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY** **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 _____

SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____ JUVENILE DISP. CITATION No. _____

Sworn to and subscribed before me, the undersigned this 10 day of June 2013. I swear/affirm the above statements are correct and true.

Name: 015 J... 015 J. G... SD Notary Public Law Enforcement or Corrections Officer Personally Known Produced Identification Type of Identification: _____

OFFICER'S/COMPLAINANT'S SIGNATURE: Thomas Raifinger NAME (PRINTED) Thomas Raifinger ID NUMBER _____

Witness/Victim/Evidence Form 707-A

Arrest Affidavit Notice to Appear
 Adult Juvenile

Court Case Number:

Pg # 2 of 2

Defendant Name: <u>Luis Guillermo Bentancourt</u> Agency Case Number: <u>44847-13</u>				
Name (L,F,M): <u>Bentinger Thomas Robert</u> Address (#, Street, City, State): <u>70 Westfield Blvd Palm Coast FL</u> Bus./School Address:	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/> Race: <u>W</u> Sex: <u>M</u> <input type="checkbox"/> <u>F</u> <input type="checkbox"/> Age: <u>30</u> Zip: <u>32164</u> Home Phone: <u>904-691-183</u> Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bus. Phone:			
Relative/Contact Name: Name (L,F,M): <u>Christensen, Nick A</u> Address (#, Street, City, State): <u>437 Woodcreek Ln Flagler Beach FL</u> Bus./School Address:		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/> Race: <u>W</u> Sex: <u>M</u> <input type="checkbox"/> <u>F</u> <input type="checkbox"/> Age: <u>49</u> Zip: <u>32132</u> Home Phone: <u>904-691-163</u> Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bus. Phone:		
Relative/Contact Name: Name (L,F,M): Address (#, Street, City, State): Bus./School Address:		Vic <input type="checkbox"/> Wit <input type="checkbox"/> Race: Sex: <u>M</u> <input type="checkbox"/> <u>F</u> <input type="checkbox"/> Age: <u>DOB:</u> SSN: Zip: Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus. Phone:		
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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 foregoing is complete list of witnesses/victims & evidence known to me

Investigating Officer: DK J... - Dist. Glasp... 310 ID Number: PSD Agency: