

7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Arrest # _____

Bk # 16-1890

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: 2016 CF 000804	
(OR) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2016-00084061	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>80104745</u>		U/R:	Date Arrested: 9/14/2016
ADDRESS OF ARREST: 15, BRICE, LN, PALM COAST, Florida, 32137				Arrested By: Cochran William	ID Number: 723
DEFENDANT		Name (L.F.A.): GARCIA, MONIQUE, NICOLE		A.K.A.:	Sex: Female Race: White
DOB: 6/16/1983	Age: 33	Driver's Lic ID No.: 23172496	State: North Carolina	Year Expired:	S.S. #:
Height: 6 1	Weight: 145	Hair: Brown	Eyes: Brown	POB (City, St. Country):	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Provision: 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-Home Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	RESIDENCE PHONE
15 Brice LN		Palm Coast	Florida	32164-	
Address-Local (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	RESIDENCE PHONE
15 BRYCE LN		PALM COAST	Florida	32137	(828)399-1289
Address-Other (Employer, School) (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	BUSINESS/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: 2	
#1	Charge: Battery Domestic Violence	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 784.03dv	Citation No.:	Bond: NONE
#2	Charge: Agg Assault With Deadly Weapon	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 784.021.1A	Citation No.:	Bond: NONE
#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.N.):	Race:	Sex:	DOB:	Age:	
#2 NAME (L.F.N.):	Race:	Sex:	DOB:	Age:	
NARRATIVE					
The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>15th</u> day of <u>September</u> , <u>2016</u> , at approximately <u>23:33</u> A.M. <u>X</u> P.M. at <u>15 Brice LN</u> within <u>Flagler</u> County, violated the law and did then and there.					
Domestic Battery					
Monique Nicole Garcia did actually and intentionally touch or strike Justin Andrew Campbell against the will of Justin Andrew Campbell and in doing so intentionally did caused great bodily harm by biting and causing disfigurement to Justin Andrew Campbell, contrary to Florida Statute 784.045(1)(a)1.					
Assault with a deadly weapon					
Supervisor Approved: Goncalves, Kenny					
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 HERIN 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	Juvenile Disposition	CITATION No.
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true			RC Thumb
This <u>15</u> day of <u>SEPT</u> <u>2016</u>		OFFICER'S COMPLAINTANT'S SIGNATURE			
Name: <u>[Signature]</u> #500		NAME (PRINTED)			ID NUMBER
Notary Public <input type="checkbox"/> Law Enforcement or Correctional Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Type of Identification:			
OFFICIAL USE ONLY		Inmate Number & facility:			

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear

 Adult
 Juvenile

Court Case Number:

Defendant Name: GARCIA, MONIQUE, NICOLE		Agency Case Number: 2016-00084061	
Name (L,F,M): CAMPBELL, JUSTIN, ANDREW	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address 15 BRICE LN PALM COAST, Florida (# Street, City, State):		Age: 41	DOB: 4/18/1975
Bus/School Address:		Zip: 32137	Home Phone: (386)264-1201
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:		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:		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:		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:		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:		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:		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:		Relative/Contact Address:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address)	(Phone)	Value	
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Owner(Name) (Address)	(Phone)	Value	
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount
Description of Evidence <td>Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td></td>	Date Recovered <td>Model Serial/I.D. Number <td>Drug Amount</td> </td>	Model Serial/I.D. Number <td>Drug Amount</td>	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me

W. Cochran
723
FC 50
 Investigating Officer ID Number Agency

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 3 of 4

Defendant Name: GARCIA, MONIQUE, NICOLE	Agency Case Number: 2016-00084061
---	---

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:	

Monique Nicole Garcia did intentionally and unlawfully threaten by act to do violence to the person of Justin Andrew Campbell, coupled with an apparent ability to do so, and did come at Justin Andrew Campbell, which created a well-founded fear in Justin Andrew Campbell that such violence was imminent, and further did commit the assault with a knife, a deadly weapon, contrary to Florida Statute 784.021(1)(a).

On September 15, 2016 at approximately 23:32 hours, I responded to 15 Brice Lane, Palm Coast, FL in reference to a Disturbance Weapons.

Upon my arrival I made contact with Justin Andrew Campbell, 4/18/75, who informed me his girlfriend, Monique Nicole Garcia, 6/16/83 attacked him. Upon my arrival Justin and Monique were located in the master bedroom. Deputies separated the two individuals and Justin Campbell informed me of the following: Justin stated that he was making dinner at their residence when he and Monique began to argue about him making dinner. Justin informed me Monique became angry and threw a gallon of milk at him. She then went to the living room where she starting drinking a glass of wine. The argument continued and she threw the glass of wine at him which hit the wall and spilt the wine on the carpet. Justin said he was cleaning up the wine when Monique went into the bedroom to sleep. After cleaning the wine up Justin went into the bedroom and the two subjects were talking in bed when another argument began. Justin stated Monique became angry and grabbed a lamp and started beating Justin with the cord of the lamp. Justin informed me they were physically wrestling on the ground when he ended up laying prone and she bit him on the lower right side of his back. He threw her out of the room and locked the door. Justin stated Monique went to the kitchen and retrieved a knife and returned to the bedroom door. She then attempted to kick in the bedroom door without success. Justin stated he called 911 because Monique went outside and using the kitchen knife cut a hole in the front and back tires of the driver's side of Justin's Toyota truck. As Justin was coming out of the bedroom Monique chased Justin she then ran outside tripped over the recycle bin and fell losing the knife, got up ran into the wood line then back in the residence. Justin stated he picked up the knife and placed it in the bed of the pickup.

I then made contact with Monique Nicole Garcia who informed me of the following: Monique stated she an Justin began arguing in the kitchen and she threw a gallon of milk at Justin. She then informed me she did throw a half full glass of wine at Justin which shattered on a wall. Monique stated she went to bed when she and Justin

Sworn to and subscribed before me, the undersigned this <u>15</u> day of <u>SEPT</u> , 20 <u>16</u>	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 type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>[Signature]</u>	ID NUMBER <u>725</u>
Type of Identification:		

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 4 of 4

Defendant Name: GARCIA, MONIQUE, NICOLE	Agency Case Number: 2016-00084061
---	---

#	Charge:	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:	
		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:		
#	Charge:	FEL. <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:		

began arguing again. Monique stated that the two began wrestling and Justin was laying prone on top of her with his back on her and she was facing up and that she bit him in his lower back. She then stated she ran out of the house but did not grab the knife from the kitchen.

I located the kitchen knife in the bed of the Toyota truck parked in the driveway. The truck had two flat tires on the driver's side, both with what appeared to be knife puncture marks. Inside the garage I found a lamp at the door entrance to the house. The lamp was broken and laying in the walkway. The bedroom I observed broken light bulb from the lamp and in the kitchen there was a gallon of spilled milk on the floor.

A Victims Rights Pamphlet and a Victims Rights and Remedies brochure was given to Justin Andrew Campbell.

Justin Andrew Campbell refused to file out a domestic witness statement and would not complete a witness statement.

Pictures of the house, truck and knife were taken and will be uploaded to AEGIS.

AXON body camera footage will be uploaded to Evidence.com.

Sworn to and subscribed before me, the undersigned this <u>15th</u> day of <u>April</u> , <u>2016</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Monique Garcia</u>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED)	ID NUMBER
Type of Identification:		

707-B - COURT COPY