

7th. Judicial Circuit 707 Charging Affidavit - Flagler

Arrest # _____

Bk # _____

Pg #1 of 3

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: 2018 CF 000232	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 21308-18	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR:	Date Arrested:
ADDRESS OF ARREST:		Arrested By:		Time of Arrest:	
DEFENDANT		Name (L,F,M): Geary, Brenden James		A.K.A.:	
DOB: 08/24/96		Age: 21		Sex: Male	
Height: 6'0		Weight: 160		Race: white	
Driver's Lic/ID No.: G600-070-96-304-0		State: FL		Year Expires: 2026	
POB (City, St, Country): California, USA		S.S. #:		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Scars, Marks, Tattoos:		Business & Occupation: Best Buy-Daytona		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): 3 Winchester Pl.		(CITY) Palm Coast (STATE) FL ZIPCODE 32137 RESIDENCE PHONE 909-702-3106	
Address-Local (STREET, APT. NUMBER):		(CITY):		(STATE):	
Address-Other(Employer/School) (STREET, APT. NUMBER):		(CITY):		(STATE):	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input checked="" type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 1	
#1	Charge: Aggravated Animal Cruelty	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.: 828.12 (2) Bond:	
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.: Bond:	
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		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 probable cause to believe the above named defendant, on the <u>5th</u> day of <u>March</u> , <u>2018</u> , at approximately <u>3:30 - 6:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>3 Winchester Pl. Palm Coast</u> within <u>Flagler</u> County, violated the law and did then and there:			
<p>On March 5, 2018, at approximately 7:28 pm, an 11lb Yorkshire terrier dog was rushed into the Flagler Animal Hospital at 130 Old Kings Rd. South Flagler Beach by its owner with severe injuries. The owner explained he came home to find his dog unresponsive. The dog identified as Dixie, was examined by Veterinarians and animal abuse was suspected. The Flagler County Sheriff's Office was immediately contacted by the hospital and responded to assist with the investigation. The responding deputy reported the Veterinarian described the injuries are consistent with asphyxiation, defined as the state or process of being deprived of oxygen, which can result in unconsciousness or death; suffocation.</p> <p>The information obtained was the dog was left by the owner at home with his roommate; identified as Brenden Geary. B. Geary was also present at the animal hospital but claimed to have no idea how the dog developed such injuries. Both individuals later provided the same statements to the responding deputy. There was no explanation given for the injuries the dog had sustained. The Veterinarian's report described Dixie as being in shock upon arrival. The report further stated there was moderate to severe bruising on her ears, face, neck, throat area, and on the inside of her legs. Dixie remained at the hospital for medical treatment and pending the completion of the investigation.</p>					
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.		FINE, AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned This <u>7th</u> day of <u>March</u> , <u>2018</u> .		I swear/affirm the above statements are correct and true.		Juve Dis. CITATION No.	
Name: J. Taylor #208		OFFICER'S/COMPLAINANT'S SIGNATURE		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME(PRINTED) Elizabeth Conrad		ID NUMBER 289	
OFFICIAL USE ONLY		Inmate Number & facility:			

707 - STATE ATTORNEY'S COPY

Narrative 707-B Supplement

☐ Arrest
☒ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case
Number:

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Defendant Name: Geary, Brenden James		Agency Case Number: 21308-18	
CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	
Total Charges: 1			
#	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:

On March 6, 2018, I, Detective Conrad responded Dixie's residence to observe where she was left by the owner and where she was found unresponsive. The owner stated he left her on the large back porch and his roommate B. Geary was the only person at the residence while he was gone.

While observing the back porch area, substances were observed on the wall consistent with what appears to be blood spatter and smeared feces. The dog food bag located under the observed areas also had what appeared to be blood on it. The carpet where Dixie was located unresponsive had several spots in a line approximately two feet in length that also appeared to be blood.

The scene depicted a violent encounter, with the smudge of possible feces being located approximately five feet up onto the wall. All areas were documented and photographed.

At approximately 2:00 pm, I attempted to make contact with B. Geary and subsequently left a message. B. Geary later contacted this detective and agreed to speak with me. B. Geary drove to the Flagler County Sheriff's Office facility located at 1001 Justice Lane Bunnell where he voluntarily provided a statement.

While speaking with B. Geary, I presented him with the photos of the scene I previously observed and also photos of Dixie's injuries. I confronted B. Geary with the inconsistencies at which time B. Geary provided the truth as to what happened to Dixie.

Brenden stated "she shit and pissed all over that rug". He stated he "walked in and really frustrated, picked her up by her ears, and I choked her". Brenden then added he "tossed her against the wall". Brenden stated he doesn't know what is wrong with him but has no resources to find out at this moment. Brenden explained the red marks on the inside of the dogs legs were from him grabbing her around her thighs. He further explained after he threw her against the wall she tried running away from him. That's when he grabbed her thighs and picked her up and sat her in the spot on the carpet where she was later found unresponsive. The statement provided was audio recorded and will be added to the case file. The new statement B. Geary provided was more consistent with Dixie's injuries.

Sworn to and subscribed before me, the undersigned this <u>7th</u> day of <u>March</u> , <u>2018</u> Name: <u>Cmd. J. B. Geary 2018-208</u>	I swear/affirm the above statements are correct and true. OFFICER'S/COMPLAINANT'S SIGNATURE <u>Elizabeth Conrad</u> NAME(PRINTED)	Right thumb <u>#289</u> ID NUMBER
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		

Witness/Victim/Evidence Form 707-A

☐ Arrest
☒ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case
Number:

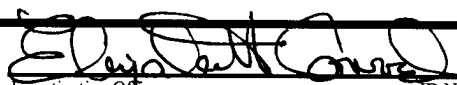
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Defendant Name: Geary, Brenden James		Agency Case Number: 21308-18	
Name (L,F,M): O'Neal, Shaffer Wayne	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 3 Winchester Pl. Palm Coast, Fl		Zip: 32164	Age: 21 DOB: 03/28/96
Bus./School Address:		Home Phone: 443-995-6463	SSN: [REDACTED]
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:
Name (L,F,M): Doswell, Trisha (Veterinarian)	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 130 Old Kings rd. S. Flagler Beach, Fl		Zip: 32136	Age: 34 DOB: 10/28/83
Bus./School Address:		Home Phone: 386-439-1606	SSN:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	SSN:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	SSN:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	SSN:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	SSN:
Relative/Contact Name:		Relative/Contact Address:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus. Phone: Phone:

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 the foregoing is a complete list of witnesses/victims & evidence known to me.

 289
Investigating Officer ID Number

 FCSO
Agency