

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: 2017 MM 000310	
(CORP. FL. 0 1 S 0 0 0 0 0) Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2017-00023723			
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR: Date Arrested: 17:00	
ADDRESS OF ARREST:		Arrested By:		ID Number:	
<b>DEFENDANT</b> Name (L.F.M.): HAIRE, PHILLIP, JOSEPH		A.K.A.:		Sex: Male Race: Black	
DOB: 5/12/1997 Age: 19 Driver's Lic. ID No.: H600-670-97-172-0		State: Florida Year Expires: 2022		S.S. #:	
Height: 6 2 Weight: 240 Hair: Brown Eyes: Brown		POB (City, St. Country):		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos:		Business & Occupation:		Citizenship: Yes <input type="checkbox"/> No <input checked="" 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"/>	
Address - Mailing/Permanent (STREET, APT. NUMBER):		(CITY) (STATE) ZIPCODE		Residence Phone:	
Address - Local (STREET, APT. NUMBER): 11 LONDON DR		Palm Coast Florida 32137		(386)585-0882	
Address - Other (Employer, School) (STREET, APT. NUMBER):		(CITY) (STATE) ZIPCODE		BUS SCHOOL PHONE:	
<b>CHARGES</b> 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 type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: 1	
#1 Charge: Battery	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	ES/ORD: 784.03	Citation No.:	Bond:	
#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	ES/ORD:	Citation No.:	Bond:	
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	ES/ORD:	Citation No.:	Bond:	
<b>CO-DEFENDANT</b> Co-def. 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. 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:	DOB:	Age:	
#2 NAME (L.F.M.):	Race:	Sex:	DOB:	Age:	
<b>NARRATIVE</b> The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 20th day of March, 2017, at approximately 17:00 A.M. X P.M. at 129 Bud Hollow DR within Flagler County, violated the law and did then and there. Phillip Haire did actually and intentionally strike Cassandra Rivera against the will of Cassandra Rivera intentionally cause bodily harm to Cassandra Rivera, contrary to Florida Statute 784.03(1). On March 20, 2017 at approximately 1700 hours I, D/S Cochran was dispatched to 130 Bud Hollow Dr. in reference to a Battery. Upon arrival I made contact with Cassandra Rivera (victim), 7/27/97, and her boyfriend, Matthew Gaskin, who advised the following: K Rivera stated she was driving her boyfriend's car and was attempting to get on I-95					
Supervisor Approved: Goncalves, Kenny					
<b>NOTICE TO APPEAR</b> 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	
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		DATE		CITATION NO.	
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.		Rt Thumb	
This 21 day of March 2017		Name: J. COLLINS 627		OFFICER'S/COMPLAINANT'S SIGNATURE: D/S W Cochran 723	
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)		ID NUMBER			
<b>OFFICIAL USE ONLY</b>		Inmate Number & Facility:			

707 - COURT COPY

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear

Adult  
 Juvenile

Court Case Number

Defendant Name: <b>HAIRE, PHILLIP, JOSEPH</b>		Agency Case Number: <b>2017-00023723</b>	
Name (L,F,M): <b>RIVERA, KASSANDRA,</b>	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>Hispanic</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address (#, Street, City, State): <b>102 LAMANCHA DR PALM COAST, Florida</b>		Age: <b>19</b>	DOB: <b>07/27/</b>
Bus/School Address:		Zip: <b>32137</b>	Home Phone: _____
Relative/Contact Name:		Relative/Contact Address:	Statement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus Phone: _____
Relative/Contact Name:		Relative/Contact Address:	Phone: _____
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus Phone:
Relative/Contact Name:		Relative/Contact Address:	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.

Investigating Officer

*[Signature]* **COCHRAN** 723

ID Number

*[Signature]* **PESO**

Agency

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

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Defendant Name: <b>HAIRE, PHILLIP, JOSEPH</b>	Agency Case Number: <b>2017-00023723</b>
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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:

when a white vehicle (unknown FL tag) in front of her stopped at a traffic light and kept her from leaving. The driver, Phillip Haire (suspect), who is personally known to the victim, got out the vehicle and approached her at the driver's side. As she rolled down the window to speak he walked up and yelled, "what's up?!". She then informed me she did not have time to respond when he opened the car door and with his right hand he reached into the car and struck her with the back of his right hand. The open hand strike landed on the left cheek of K Rivera. She then stated he hurried back to his vehicle and drove off. She left and went to her boyfriend's house (where she currently resides)told him what happened and called 911 to report the incident.

K Rivera did not know why the incident happened, but her boyfriend Matthew Gaskin stated they have had problems with the subject before. He also stated he has made threats against both of them in the past.

K Rivera completed a witness statement that was entered into records. K Rivera was also given victim's rights pamphlets.

Pictures of K Rivera were taken and uploaded to AEGIS. K Rivera refused medical treatment and no visible injuries were observed by deputies.

Attempts were made to contact Phillip Haire at his listed address but no contact on site.

Arrest affidavit forwarded to States Attorney's Office for review.

AXON body camera footage uploaded.

Swear to and subscribed before me, the undersigned, this <u>21</u> day of <u>March</u> , 2017.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>A. W. G. Cross</u>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	NAME (PRINTED): <u>W. Cross</u>	ID NUMBER: <u>923</u>
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	Type of Identification:	