

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 000129		
(ORD) FL: 0 1 8 0 0 0 0			Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2017-00007701	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR	Date Arrested: Time of Arrest: 17:00	
ADDRESS OF ARREST: Florida				Arrested By:	ID Number:	
DEFENDANT		Name (L.F.M.): HAIRE, PHILLIP, JOSEPH		A.K.A.:		
DOB: 05/12/1997	Age: 19	Driver's Lic ID No.: H600-670-97-172-0		State: Florida	Year Expires: S.S. #: --	
Height: 6 0	Weight: 200	Hair: Black	Eyes: Brown	POB (City, St. Country)	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos:		Business & Occupation:		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input checked="" type="checkbox"/> No <input 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)		(CITY)	(STATE) ZIPCODE RESIDENCE PHONE	
Address-Local		(STREET, APT NUMBER)		(CITY)	(STATE) ZIPCODE RESIDENCE PHONE	
11 LONDON DR				PALM COAST Florida	32137- RESIDENCE PHONE	
Address-Other (Employer School)		(STREET, APT NUMBER)		(CITY)	(STATE) ZIPCODE BUS SCHOOL PHONE	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statements <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infractions <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 1		
#1	Charge: Trespass After Warning	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 810.08TW	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 <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:	DOB:	Age:	
#2 NAME (L.F.M.):		Race:	Sex:	DOB:	Age:	
NARRATIVE The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 27th day of January, 2017, at approximately 17:00 A.M. X P.M. at 3535 OLD KINGS RD within Flagler County, violated the law and did then and there.						
On January 27, 2017 while working a special detail at Matanzas High School I was walking into the 800 gym concession stand area when I observed Mr. Phillip Haire standing in the corner by the girls bathrooms. At that time, I walked up and advised him that he was trespassed from the school on 02-26-15 by Dean of students Robert Sawyer (FCSO case number 22502-15). It should be noted; I served this warning to Mr. Haire at his residence on the same day. Due to the large crowd that was at the game, I determined that it was more appropriate to ask Mr. Haire to leave the campus instead of causing a scene. Mr. Haire was escorted to his						
Supervisor Approved: Welker, Jonathan						
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 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		Juv Dsp.		CITATION No.		
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.				Rt Thumb
This 31 day of JAN 2017		X Robert Sawyer				
Name: Robert Sawyer		OFFICER'S COMPLAINTANT'S SIGNATURE				
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/>		NAME (PRINTED)		ID NUMBER		
Person Not 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: HAIRE, PHILLIP, JOSEPH		Agency Case Number: 2017-00007701	
Name (L,F,M): SAWYER, ROBERT,	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address: 3535 OLD KINGS RD PALM COAST, Florida (# Street, City, State):		Zip: 32137-	Age: 58 DOB: 04/01/1958
Bus/School Address:		Home Phone: (386)447-1575	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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
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: Det. [Signature] ID Number: 167 Agency: FCSO
 707-A - COURT COPY

Narrative 707-B Supplement

- Arrest
- Affidavit
- Notice to Appear
- Adult
- Juvenile

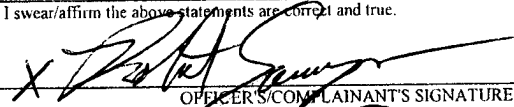
Court Case Number:

Defendant Name: HAIRE, PHILLIP, JOSEPH	Agency Case Number: 2017-00007701
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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:

vehicle and he left campus without incident. I identified Mr. Haire from the numerous contacts I have had with him at Matanzas High School. I completed a charging Affidavit for trespassing after warning and Dean of Students Robert Sawyer signed it. I will submit this Affidavit to the State's Attorney's Office.

No further information

Sworn to and subscribed before me, the undersigned this <u>31</u> day of <u>JAN</u> , 2017. Name: <u>Robert Sawyer</u> 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:	I swear/affirm the above statements are correct and true.  OFFICER'S/COMPLAINANT'S SIGNATURE NAME (PRINTED) <u>Robert Sawyer</u> ID NUMBER	Right thumb
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707-B - COURT COPY