

7th. Judicial Circuit 707  
Charging Affidavit - FLAGLER

Arrest # \_\_\_\_\_

Bk # 15-1621

Pg #1 of 3

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: 2015 CF 000627	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2015-00078002	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1801044343</u>		UCR:	Date Arrested: 7/30/2015
ADDRESS OF ARREST: 29, N, SHADY, LN, PALM COAST, Florida, 32137		Arrested By: Wray Christopher		ID Number: 384	
<b>DEFENDANT</b>		Name (L.F.A.): Hillman, Paul, A		A.K.A.:	
DOB: 09/29/1971	Age: 43	Driver's Lic. ID No.: H455681713490	State: Florida	Year Expires: 2003	S.S. #: [REDACTED]
Height: 5 7	Weight: 165	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 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/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address- Mailing Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	RESIDENCE PHONE
Address- Local (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	RESIDENCE PHONE
29 SHADY LN		PALM COAST	Florida	32137-	(386)334-9799
Address- Other (Employer, School) (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE	BUS SCHOOL PHONE
<b>CHARGES</b>		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"/> DUI <input type="checkbox"/>	
#1 Charge: Agg Battery With Deadly Weapon		FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS-ORD: 784.045.1A2	Citation No.:	Bond: \$10,000 5000.
#2 Charge: Burg Dwelling w/Assault & Battery		FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS-ORD: 810.02.2A	Citation No.:	Bond: \$5,000
#3 Charge: Armed Burglary Dwelling, Structure of Conveyance		FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS-ORD: 810.02.2B	Citation No.:	Bond: \$5000
<b>CO-DEFENDANT</b>		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.A.):		Race:	Sex:	DOB:	Age:
#2 NAME (L.F.A.):		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 2nd day of July, 2015, at approximately 23:22 A.M. X P.M. at 9 S SHADY LN within Flagler County, violated the law and did then and there enter the unsecured residence of 9 South Shady Lane, without notice, uninvited, armed and without permission of the occupants; George Carnarius (victim/resident) and Linda Warrell (victim/resident). Paul Hillman (defendant) personally known by both victim's, began yelling at George "I want to know what's going on" and "You tell me what's going on right now", struck Linda in the forehead one time with a rifle (causing bruising), then struck George numerous time with the rifle and a claw head hammer (causing lacerations and bleeding to the area just above his right ear, nose, left eye, along with					
Supervisor Approved: Byrne Byrne, Kevin 7/31/2015 02:55					
<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	Juv. Dep.	CITATION No.
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.		RI (Inmate)	
The 31 day of July 2015		[Signature]		384	
Name: [Signature]		OFFICIAL'S SIGNATURE		NAME (PRINTED)	
Notary Public <input type="checkbox"/> Law Enforcement or Correctional Officer <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		Type of Identification:		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: Hillman, Paul, A		Agency Case Number: 2015-00078002	
Name (L,F,M): Camarius, George, Manning	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address: 9 S SR SHADY LN PALM COAST, Florida		Age: 64	DOB: 1/30/1951
Bus/School Address:		Zip: 32137	Home Phone: (386)793-5057
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M): WARRELL, LINDA, ANN	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address: 9 S SR SHADY LN PALM COAST, Florida		Age: 55	DOB: 1/1/1960
Bus/School Address:		Zip: 32137	Home Phone: (386)793-5057
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M): HALL, SABRINA, LEE	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address: 29 N SHADY LN PALM COAST, Florida		Age: 57	DOB: 9/23/1957
Bus/School Address:		Zip: 32137	Home Phone: (386)264-7036
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
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):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
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):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
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):		Age:	DOB:
Bus/School Address:		Zip:	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address)	(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 ID Number: 384 Agency: 7080

707-A - COURT COPY

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

Page # 3 of 3

Defendant Name: Hillman, Paul, A		Agency Case Number: 2015-00078002	
<b>CHARGES</b>	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: <i>Agg. Battery with Deadly Weapon</i>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSI/ORD: <i>784.045.1A2</i> Citation No: Bond: <i>5000.00</i>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSI/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSI/ORD: Citation No: Bond:

his middle and ring finger on his left hand). George advised that Paul was carrying what appeared to be a brown .22 long rifle and a hammer owned by him (George) and had been located on the front porch, prior to Paul's arrival and then the unexpected entering of the home.

Both George and Linda advised that Paul had been living with them, up until he vacated the residence (relinquishing any rights to the property) approximately two (2) days prior and established residency at 29 N. Shady Lane with Sabrina. It was also determined that Paul has full knowledge that Linda is legally blind and/or almost completely blind.

Paul was located at 29 N. Shady Lane and denied any and all involvement. His currently landlord, Sabrina Hall (witness) advised deputies that he (Paul) arrived home with a rifle and while in the living room, dismantled the weapon. She continued to advise that he was then heard in the laundry room making a lot of noise. With Sabrina's permission a search of the common area's of the home, at which time a dismantled .22 caliber rifle brown in color, which fits the description of the weapon used in the battery, was located behind the washing machine and covered by what appeared to be an unfolded paper roadmap. Sabrina also advised deputies on scene that Paul made the following comment; If anybody comes here, tell them that I've been here for three (3) hours.

Paul was transported the FCIF without incident. However, while in transport Paul made the follow voluntary statement (post Miranda) at approximately 01:05am; [REDACTED]

For further information see MVR footage and photographs.

Nothing further.

Sworn to and subscribed before me, the undersigned this <u>31</u> day of <u>July</u> , 2015	I swear/affirm the above statements are correct and true.	Right Hand
Name: <u>Dep. [Signature]</u>	<u>[Signature]</u> 384	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	DEPUTY'S/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED)	ID NUMBER
Type of Identification:		

707-B - COURT COPY