

7th. Judicial Circuit 707  
Charging Affidavit - Volusia

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 4

|  |   |  |  |  |  |   |  |
|--|---|--|--|--|--|---|--|
| 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: 2015 310135 mmOB   |  |
| (ORI) FL: FLO640400  | Agency Name: ORMOND BEACH POLICE DEPARTMENT | Agency Case Number: 150402504  |  |  |  | Date Arrested: _____  |  |
| FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | OBTS # _____                                | U.C.R. _____   | Arrested By: _____   |  | ID Number: OB379   | Time of Arrest: _____   |  |
| ADDRESS OF ARREST (Street, City, State, Zip): _____                                  |   |  |  | Arrested: _____  |  | ID Number: OB379  |  |
| DEFENDANT NAME (Last): HOLLOWAY  |   | (First): TRAVIS  |  | (Middle): P  |  | A.K.A.: _____   |  |
| DOB: 07-17-1980  | Age: 34                                     | Driver's Lic/ID No.: _____   | State: FL  | Year Expires: 2018   | S.S.#: _____   | Sex: M Race: W  |  |
| Height: 6' 03"   | Weight: _____                               | Hair: BRO  | Eyes: XXX  | P.O.B. (City, State, Country): USA   |  | Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  |
| Scars, Marks, Tattoos: TAT L ARM FULL SLEEVE   | 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/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE |  |
| 3 UTOPIAN CT (STREET, APT. NUMBER)   |   | PALM COAST (CITY)  |  | FL (STATE)   |  | 32164 (ZIP CODE) (388) 846-7771 (RESIDENCE PHONE)   |  |
| Address - Local (STREET, APT. NUMBER)  |   | (CITY)   |  | (STATE)  |  | ZIP CODE RESIDENCE PHONE  |  |
| Address - Other (Employer/School) (STREET, APT. NUMBER)                              |   | (CITY)   |  | (STATE)  |  | ZIP CODE BUS/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 checked="" type="checkbox"/> | Traffic Infraction(s) <input type="checkbox"/> | OUR <input type="checkbox"/> | Total Charges: 1 |
| #1 Charge: Battery Touch/Strike | FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/> | FS/ORD: 7B4.03(1)(A)1   | 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"/> Trif. <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"/> Trif. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/> |  |  |                              |                  |
| #1 NAME (Last) (First) (Middle) | Race:  | Sex:  | DOB:   | Age:  |  |  |  |                              |                  |
| #2 NAME (Last) (First) (Middle) | Race:  | Sex:  | DOB:   | Age:  |  |  |  |                              |                  |

**NARRATIVE** The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 22 day of April, 2015, at approximately 0356 a.m.  a.m.  p.m. at 122 S NOVARD ORMOND BEACH within Volusia County, violated the law and did then and there:

1 Touch/Strike the victim against her will by means of pushing her. The Defendant and the victim were in a dating relationship with a reasonable  
 2 expectation of intimacy prior to this incident. The defendant and the victim also have a child in common.  
 3  
 4 I responded to a call in reference to a domestic disturbance. I arrived at the Ormond Beach Police Department where the victim met with me after  
 5 allegedly being followed by the defendant from the above location of incident. The victim told me that she met with the defendant at the above  
 6 location in the parking lot to exchange their daughter for visitation. The victim advised that the defendant and her upon meeting up had a brief  
 7 conversation about their daughter in which the defendant got very "irate" and started threatening her with taking the daughter and depriving the victim  
 8 of seeing her again.  
 9  
 10 The victim advised that during their argument, the defendant attempted to open her car doors which were locked. The victim advised that when she  
 11 tried to get in her car, the defendant forced the door open and would not let her leave. The victim advised that she tried many times to tell him to stop

**NOTICE TO APPEAR** MANDATORY APPEARANCE  YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY  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 _____  | SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____        | JUVE DISP CITATION No. _____ |
| Sworn to and subscribed before me, the undersigned this 22 day of April, 2015                         |   | I swear that the above statements are correct and true |                              |
| Name: _____   | Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> | OFFICER'S/COMPLAINANT'S SIGNATURE                      |                              |
| Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> | Notary Public: _____  | NAME (PRINTED): BAYNE, ANDREW S                        | ID NUMBER: OB378             |
| Type of Identification: _____   | Notary Public: _____  | NAME (PRINTED): _____                                  | ID NUMBER: _____             |

**OFFICIAL USE ONLY** Inmate Number & Facility: \_\_\_\_\_

FILED 2015 JUL 14 10:12

17

1

**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

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|                                 |         |  |                               |  |          |  |       |
|---------------------------------|---------|--|-------------------------------|--|----------|--|-------|
| Defendant (Last) Name: HOLLOWAY |         | (First) TRAVIS   |                               | (Middle) P   |          | Agency Case Number: 150400504  |       |
| <b>CHARGES</b>                  |         | 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 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"/>                                   | FSI/ORD: | Citation No.:  | Bond: |
| #                               | 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: |

12 and to let her go. The victim advised that the defendant pushed her back several times to try and get into the vehicle to take the daughter. The victim  
 13 advised that she did not feel safe there with him so she called 911. The victim advised that soon she was able to get into her vehicle and lock all the  
 14 doors to leave, which the defendant noticed and started to block her escape by running from the back of the vehicle to the front. The victim advised  
 15 that after she left the parking lot, the defendant followed her and eventually discontinued. That victim advised she then arrived at the police  
 16 department.  
 17  
 18 During my time with the victim, other officers advised that they were in contact with the defendant at 1001 North US Highway 1. After gathering a  
 19 written statement from the victim, I made my way to the defendant's location.  
 20  
 21 I made contact with the defendant who was with Officer R. James (OBPD) and a Volusia County Sheriffs Deputy. The defendant advised that he was  
 22 meeting with the victim to exchange their daughter at the Big Lots parking lot. The defendant advised that they met up and they started to argue  
 23 about what kind of diapers their daughter needed to be in. The defendant advised he admitted to the victim that he only had pampers with him. The  
 24 defendant advised that the victim became angry and began yelling and threatening to take their daughter until the courts decide how the custody  
 25 agreement will work. The defendant advised that he stood in front of the car door and begged the victim to stop and let him see the daughter. The  
 26 defendant advised that the victim began to push and hit him. The defendant advised that he put his hands up and screamed for help. The defendant  
 27 emphasized that he never once touched or shoved the victim. The defendant advised that he went to get his phone to call his lawyer and the victim  
 28 took off speeding from the parking lot. The defendant advises that he did not follow the victim, but that after the incident he went and found a police  
 29 officer to explain the situation.  
 30  
 31 Neither party alleged any injuries. No persons were identified to have witnessed the incident. Unable to determine a primary aggressor at this time.  
 32 Cross-complaints to be generated.  
 33  
 34 The statements gathered from the defendant and victim were submitted into OBPD records.  
 35 Both parties were supplied with OBPD Domestic Violence Resource Packets.

|   |  |  |  |             |  |
|---|--|--|--|-------------|--|
| Sworn to and subscribed before me, the undersigned<br>this 22 day of April, 2015.                     |  | I swear/affirm the above statements are correct and true |  | Right Thumb |  |
| Name: <i>[Signature]</i>  |  | <i>[Signature]</i>                                       |  |             |  |
| Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>    |  | OFFICER'S/COMPLAINANT'S SIGNATURE                        |  |             |  |
| Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> |  | BAYNE, ANDREW S  |  | OB379       |  |
| Type of Identification:   |  | NAME (PRINTED)   |  | ID NUMBER   |  |

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case  
 Number: 150400504

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|  |  |   |   |  |   |
|--|--|---|---|--|---|
| Defendant (Last) Name: <b>HOLLOWAY</b>                                 |  | (First) Name: <b>TRAVIS</b>                               |   | (Middle) Initial: <b>P</b>   | Agency Case Number: <b>150400504</b>                      |
| Name: (Last) <b>WARE</b>   |  | (First) <b>JENNIFER</b>                                   |   | (Middle) <b>R</b>  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> |
| Address (#, Street, City, State): <b>108 COLINA PL ORMOND BEACH FL</b> |  | Zip: <b>32174</b>   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/> | Age: <b>23</b>   | DOB: <b>10-01-1991</b>                                    |
| Bus/School Address:  |  | Home Phone: <b>(386) 682-0834</b>                         | Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |  |   |
| Relative/Contact Name:   |  | Relative/Contact Address:                                 | Phone:  |  |   |
| Name: (Last) _____ (First) _____ (Middle) _____                        |  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> | Race: _____   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | Age: _____ DOB: _____                                     |
| Address (#, Street, City, State):                                      |  | Zip: _____  | Home Phone: _____   | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| Bus/School Address:  |  | Zip: _____  | Bus Phone: _____  |  |   |
| Relative/Contact Name:   |  | Relative/Contact Address:                                 | Phone: _____  |  |   |
| Name: (Last) _____ (First) _____ (Middle) _____                        |  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> | Race: _____   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | Age: _____ DOB: _____                                     |
| Address (#, Street, City, State):                                      |  | Zip: _____  | Home Phone: _____   | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| Bus/School Address:  |  | Zip: _____  | Bus Phone: _____  |  |   |
| Relative/Contact Name:   |  | Relative/Contact Address:                                 | Phone: _____  |  |   |
| Name: (Last) _____ (First) _____ (Middle) _____                        |  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> | Race: _____   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | Age: _____ DOB: _____                                     |
| Address (#, Street, City, State):                                      |  | Zip: _____  | Home Phone: _____   | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| Bus/School Address:  |  | Zip: _____  | Bus Phone: _____  |  |   |
| Relative/Contact Name:   |  | Relative/Contact Address:                                 | Phone: _____  |  |   |
| Name: (Last) _____ (First) _____ (Middle) _____                        |  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> | Race: _____   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | Age: _____ DOB: _____                                     |
| Address (#, Street, City, State):                                      |  | Zip: _____  | Home Phone: _____   | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| Bus/School Address:  |  | Zip: _____  | Bus Phone: _____  |  |   |
| Relative/Contact Name:   |  | Relative/Contact Address:                                 | Phone: _____  |  |   |
| Name: (Last) _____ (First) _____ (Middle) _____                        |  | Vic <input type="checkbox"/> Wrt <input type="checkbox"/> | Race: _____   | Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | Age: _____ DOB: _____                                     |
| Address (#, Street, City, State):                                      |  | Zip: _____  | Home Phone: _____   | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| 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 |
|---|-------------------|--|-------------|
| <b>WRITTEN STATEMENTS FROM BOTH PARTIES</b> |                   |  |             |
| Owner Name (Last) (First) (Address)         |                   | (Phone)  | Value       |
| <b>OBPD</b>                                 | <b>04-22-2015</b> | <b>170 W GRANDA BLVD ORMOND BEACH FL 32174</b> | <b>1.00</b> |
| (Phone)                                     |                   |  |             |
| <b>(386) 677-0731</b>                       |                   |  |             |
| 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.

**BAYNE, ANDREW S**  
 Investigating Officer

*Andrew S. Bayne*

**OB379**  
 ID Number

**OBPD**  
 Agency