

**7th. Judicial Circuit 707
Charging Affidavit - FLAGLER**

Arrest # _____

Bk # 16-2166

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: 2016 CF 000836
(ORI) FL: 0 1 8 0 0 0 0	Agency Name: Flagler County Sheriff's Office	Agency Case Number: 2016-00094841		
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OBTS# <u>180647943</u>	UCR:	Date Arrested: 10/12/2016	Time of Arrest: 22:35

ADDRESS OF ARREST: 45, BURNELL, DR, Palm Coast, Florida, 32137		Arrested By: Williams Jason	ID Number: 630
DEFENDANT Name (L.F.M.): HOLLYFIELD, JAMES, MICHAEL	A.K.A.:	Sex: Male	Race: White
DOB: 12/30/1970	Age: 45	Driver's Lic ID No.: H414453704700	State: Florida Year Expires: 2023
Height: 5 7	Weight:	Hair: Bald	Eyes: Brown
Scars, Marks, Tattoos:	Business & Occupation:	POB (City, St, Country):	Statement: 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"/>	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			
76 BLARE CASTLE DR PALM COAST Florida 32137 (719)377-0881			
Address-Other(Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS SCHOOL PHONE			

CHARGES	DOMESTIC VIOLENCE? YES <input checked="" type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUT <input type="checkbox"/>	Total Charges: 2
#1 Charge: Battery Domestic Violence	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 784.03dv	Citation No.: NONE Bond: NONE
#2 Charge: Tamper With Witness	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 914.22	Citation No.: NONE Bond: 500
#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 12th day of October, 2016, at approximately 22:35 A.M. X P.M. at 45 BURNELL DR within Flagler County, violated the law and did then and there.

On October 12, 2016 at approximately 10:35 PM I responded to the area of 45 Burnell Drive in reference to a 911 hang up. While I was investigating the incident at 46 Burnell Drive I observed a unidentified white female approaching my vehicle from the driveway of 45 Burnell Drive. I noticed she was crying hysterically stating that she was just assaulted by her boyfriend.

The female, now identified as Pauline Flores (V-1 W/F DOB: 7/12/76) stated that her boyfriend James Hollyfield (S-1 W/M DOB: 12/30/70) struck her in the face with a Bong. Pauline stated that she confronted

Supervisor Approved: **Goncalves, Kenny**

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 HERIN 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	Juve Disp. CITATION No.
Sworn to and subscribed before me, the undersigned This <u>13</u> day of <u>Oct</u> , <u>2016</u> .		I swear affirm the above statements are correct and true.	
Name: <u>Dep Bailey #536</u>	OFFICER'S COMPLAINTANT'S SIGNATURE <u>[Signature]</u>		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"/>	Name (PRINTED) <u>Jason Williams</u>	ID NUMBER <u>630</u>	

OFFICIAL USE ONLY	Inmate Number & facility:
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707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear

 Adult
 Juvenile

Court Case Number:

Pg #2 of 3

Defendant Name: HOLLYFIELD, JAMES, MICHAEL		Agency Case Number: 2016-00094841	
Name (L,F,M): FLORES, PAULINE, FRANCES	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 45 BURNELL DR PALM COAST, Florida	Age: 40	DOB: 07/11/76	SSN: [REDACTED]
Bus/School Address:	Zip: 32137	Home Phone: (386)569-1206	Statement: Yes <input checked="" 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):	Age:	DOB:	SSN:
Bus/School Address:	Zip:	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

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

9/5 630
FC50

Investigating Officer ID Number Agency

Narrative 707-B Supplement

Arrest
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Defendant Name: HOLLYFIELD, JAMES, MICHAEL		Agency Case Number: 2016-00094841	
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:

James in the spare bedroom about finding drug paraphernalia in her home, which she stated that she did not want anything to do with. Pauline stated that James became upset and struck her in her forehead with a plastic Bong. Pauline stated that as she was trying to dial 911, James took her phone and threw it so that she could not communicate with the 911 Dispatcher. Pauline stated that James struck her a second time as she was trying to exit the residence. Pauline then showed me her injury which was a 2 inch laceration on the right side of her forehead that was still bleeding. Pauline also had blood spatter on her hands and feet.

While speaking to Pauline about this incident, I observed James placing boxes in the rear seat of his vehicle. James then got in his vehicle and attempted to leave, to which I ordered him to stop and turn the vehicle off. While interviewing James, he denied assaulting Pauline, however he did make a statement saying that if he did hit Pauline, he did not mean to and that he was defending himself.

I requested Paramedics respond to this location in order to evaluate Pauline, to which she declined further medical treatment.

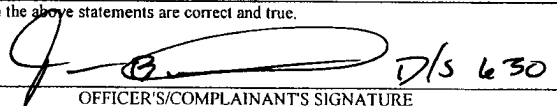
James was placed under arrest and transported to the Flagler County Inmate Facility without incident.

I took photographs of Pauline's injuries to her face which will be uploaded into AEGIS under this case number.

I took photographs of the Bong, which will also be taken into evidence.

Pauline completed a Domestic Violence statement and was provided with Victim's right information.

No further action.

Sworn to and subscribed before me, the undersigned this <u>13</u> day of <u>OCTOBER</u> , 20 <u>16</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Det. Barry # 536</u>	 OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME(PRINTED) <u>J. Williams</u>	ID NUMBER <u>630</u>
Type of Identification:		

707-B - COURT COPY