

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

Arrest # _____

Bk # 16-2424

Pg #1 of 5

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: 2016 CF 001035	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2016-00109088	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1801047753</u>		UCR: _____ Date Arrested: <u>11/27/2016</u> Time of Arrest: <u>00:14</u> <u>STC</u>	
ADDRESS OF ARREST:				Arrested By: <u>Officer D. Butler</u> ID # <u>570</u> Number: <u>89999</u>	
DEFENDANT		Name (L.F.A.): <u>MCGRAW, PHILLIP, STEVEN BRADLEY</u>		A.K.A.: _____ Sex: <u>Male</u> Race: <u>White</u>	
DOB: <u>08/07/1990</u>		Age: <u>26</u> Driver's Lic' ID No.: <u>109684011</u>		State: <u>Tennessee</u> Year Expires: _____ S.S. #: _____	
Height: <u>5 10</u>		Weight: <u>180</u> Hair: <u>Brown</u> Eyes: <u>Brown</u>		POB (City, St. Country): _____ Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos: <u>Tattoo</u> Number(s): _____		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"/>	
Address-Home/Permanent (STREET, APT. NUMBER)		(CITY) (STATE)		ZIP CODE 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 type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DU <input type="checkbox"/> Total Charges: <u>2</u>	
#1	Charge: <u>Domestic battery by strangulation</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.041.2</u>	Citation No.:	Bond: <u>NONE</u>
#2	Charge: <u>Battery Domestic Violence</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.03dv</u>	Citation No.:	Bond: <u>NONE</u>
#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"/> Trnf <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"/> Trnf <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:	
NARRATIVE The undersigned certifies and swears that there is a probable cause to believe the above named defendant, on the <u>27th</u> day of <u>November</u> , <u>2016</u> , at approximately <u>00:14</u> <u>X</u> A.M. <u></u> P.M. at <u>9 CUTE CT</u> within <u>Flagler</u> County, violated the law and did then and there. On 11/27/2016 at approximately 12:15AM I was dispatched to 9 Cute Ct Palm Coast, Florida 32137 in reference to a domestic disturbance. Upon arrival contact was made with Sarah Jones (victim / identified by her provided Tennessee driver license), who was observed to be crying, rattled, and intoxicated. She advised that Phillip McGraw (suspect / her live-in boyfriend of 7 years and they share					
Supervisor Approved: <u>Miller, Michael David</u>					
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"/>	
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.		FINE, AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned This <u>27</u> day of <u>11</u> , <u>2016</u> .		I swear/affirm the above statements are correct and true.		Notarize	
Name: <u>[Signature]</u> # <u>570</u>		OFFICER'S/COMPLAINANT'S SIGNATURE		[Signature]	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME (PRINTED)		ID NUMBER	
		<u>[Signature]</u>		<u>560</u>	
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:

Pg #2 of 5

Defendant Name: MCGRAW, PHILLIP, STEVEN BRADLEY				Agency Case Number: 2016-00109088			
Name (L,F,M): JONES, SARAH, ELISABETH		Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Age: 27	DOB: 03/18/1989	SSN: --
Address (#, Street, City, State): 9 CUTE CT Palm Coast, Florida		Zip: 32137-		Home Phone: (386)585-4003		Statement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):		Zip:		Home Phone:		Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):		Zip:		Home Phone:		Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):		Zip:		Home Phone:		Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):		Zip:		Home Phone:		Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):		Zip:		Home Phone:		Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:		Zip:		Home Phone:		Bus Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
PHOTOGRAPHS	11/27/2016		
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.

 **R. F. Finn** **560** **Flagler County S.O.**
 Investigating Officer ID Number Agency

707-A - COURT COPY

**Narrative 707-B
Supplement**

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: MCGRAW, PHILLIP, STEVEN BRADLEY	Agency Case Number: 2016-00109088
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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:

two children in common) had left the scene in a silver Mazda 3, bearing an unknown Tennessee plate.

Sarah advised that Phillip has tattoos on his right forearm. Some of which are the number "865", music notes, and a heart.

It should be noted that Phillip's information was obtained through the personal identifying information she provided for him and the information on the subject, that information came back to Philip, in NCIC with a Tennessee identification card.

Sarah emailed me a photograph of Phillip which will be included with the arrest report and uploaded to AEGIS.

Sarah advised that she and Phillip were in Daytona Beach this evening, consuming alcohol. They attended a strip club together and after a while Sarah became upset over the naked women and went outside for approximately 45 minutes. Phillip then called her phone at which time she advised him of her location in the parking lot.

Then at some point in the parking lot he grabbed her around the front of her neck with both hands and leaned her back, which caused her breathing to be restricted.

They then both got in the vehicle and travelled north on A1A, with Phillip as the driver.

Sarah continued that while within Flagler Beach's city limits, they continued to argue and at some point Phillip called her a "cunt" so she began striking him in the head/face area with her right fist. This caused Sarah's hand to be injured and swollen. Phillip then swerved the vehicle and struck Sarah in the face area, an unknown number of times, causing her right eye area to swell and her nose to bleed.

Once they were home at 9 Cute Ct, Phillip was lying in bed and Sarah went to get their cigarettes from his pocket; however Phillip wouldn't let her. He then stood up and as

Sworn to and subscribed before me, the undersigned this <u>27</u> day of <u>NOVEMBER</u> , 20 <u>16</u> .	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u>	OFFICER'S/COMPLAINANT'S SIGNATURE
Notary Public <input checked="" type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personality Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>Robert Finn</u>	
Type of Identification:		

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant Name: MCGRAW, PHILLIP, STEVEN BRADLEY		Agency Case Number: 2016-00109088	
CHARGES		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"/>	
DOMESTIC VIOLENCE? YES <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:

the argument continued, Sarah told him that he could leave the residence at which time he grabbed her by the neck, moved her onto the bed, and pinned her down by her neck. Sarah advised that at this time he was restricting her breathing to the point that she thought she was going to die. Sarah was then able to get onto her stomach, at which time Phillip continued to hold her onto the bed by the back of her neck. Once Sarah was up off the bed she made a statement about going to call 911 at which time Phillip struck her in the chest area.

Sarah then called 911 and Phillip left the residence in the above stated vehicle.

It should be noted that everything that took place at 9 Cute Ct this evening occurred in front of their children.

At this time Phillip could not be located and he has not called in to report the incident.

Sarah completed a sworn written statement and was provided with a domestic violence legal rights and remedies pamphlet, a victim's rights brochure, a public records exemption request form, an agency case card, and a domestic violence checklist was completed.

At this time based on Sarah's sworn verbal and written statements, coupled with her apparent injuries to her right eye and neck area, charges will be signed against Phillip for domestic battery and domestic battery by strangulation. The charges will be passed on to the oncoming shift in case Phillip is located. If he is not located within a reasonable time, the charges will be submitted to the State Attorney's Office for review.

Photographs were taken and will be included with the affidavit and uploaded to AEGIS.

Axon video will be uploaded to evidence.com by Deputy Colson and me.

Sworn to and subscribed before me, the undersigned this <u>22</u> day of <u>November</u> , 2016	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>McRobert Finn #570</u>	<i>[Signature]</i>	
Notary Public <input checked="" type="checkbox"/> Lay Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) <u>McRobert Finn</u>	ID NUMBER <u>570</u>

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant Name: MCGRAW, PHILLIP, STEVEN BRADLEY		Agency Case Number: 2016-00109088	
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"/>	
#	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:

No further information to report at this time.

End of report.

Sworn to and subscribed before me, the undersigned this <u>27</u> day of <u>November</u> , 2016	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Robert Fian</u> #570	<i>[Signature]</i>	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>Robert Fian</u>	
Type of Identification:		

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