

7th. Judicial Circuit 707  
Charging Affidavit - Flagler

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

Bk # \_\_\_\_\_

Pg #1 of 1

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: <b>13-281 CFA</b>	
(ORI) FL: 1 8 0 2 0 0		Agency Name: <b>Flagler Beach Police Department</b>		Agency Case Number: <b>13-1529</b>	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# 180102		UCR:	Date Arrested:
ADDRESS OF ARREST:		By: <b>LL Williams</b>		ID Number: <b>7008</b>	Time of Arrest:
<b>DEFENDANT</b> Name (L,F,M): <b>Pace, Robert David</b>		A.K.A.: <b>Bobby</b>		Sex: <b>M</b>	Race: <b>W</b>
DOB: <b>12/22/71</b>		Age: <b>41</b>		State: <b>FL</b>	Year Expires: <b>2017</b>
Height: <b>509</b>		Weight: <b>0</b>		S.S. #:	
Hair: <b>brown</b>		Eyes: <b>brown</b>		POB (City, St, Country): <b>Florida</b>	
Scars, Marks, Tattoos: <b>unk</b>		Business & Occupation: <b>fire fighter</b>		Statement: 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-Mailing/Permanent (STREET, APT. NUMBER)		(CITY)		(STATE)	ZIP CODE
Address-Local (STREET, APT. NUMBER)		(CITY)		(STATE)	ZIP CODE
Address-Other(Employer/School) (STREET, APT. NUMBER)		(CITY)		(STATE)	ZIP CODE
<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"/> Other <input type="checkbox"/>	
#1	Charge: <b>Tamper with Evidence</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>918.13</b>	Citation No.:	Bond:
#2	Charge: <b>Obstruction of Justice - Resist officer without violence</b>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>843.02</b>	Citation No.:	Bond:
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
<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,M):		Race:		Sex:	Age:
#2 NAME(L,F,M):		Race:		Sex:	Age:
<b>NARRATIVE</b>					
<p>The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>various dates / Oct 20 2012 through February 11, 2013</u> day of _____, at approximately _____ a.m. _____ p.m. at <u>320 South Flagler Avenue (Flagler Beach Fire Department) Flagler Beach</u> within <u>Flagler County</u>, violated the law and did then and there:</p> <p>Defendant did obstruct a Florida Department of Corrections Parole and Probation Officer from the ability to lawfully execute their legal duty and did knowing that there was an investigation into the aforementioned destroy evidence that would impair its verity in such investigation.</p> <p>The defendant did on at least five occasions award/assign community service work hours (CSWH) to a Community Control Probationer, Vitaly Tsbak, that were not earned and were in essence falsely documented. The defendant was acting in the capacity as qualified staff of the Flagler Beach Fire Department which is a pre-approved Department of Corrections CSWH location. Tsbak went on to present the CSWH sheet as a true and accurate document to his probation officer, Patricia Davis. Ofc. Davis was suspicious of the presented hours due to duration (up to five hours) and time of night ( 10:00p) and was able to confirm with Flagler Beach Fire Department staff who viewed the video surveillance of the aforementioned five alleged time periods of service that the hours were false and Tsbak's Community Control was subsequently violated/revoked and he was sentenced to Sumter Correctional Facility until August 2015. The FBFD staff member who viewed the original video surveillance advised the probationer only stayed approximately one hour but was awarded five hours and the defendant was witnessed signing the probationer's form. After learning that a complaint had been lodged against him the defendant did then destroy/erase the video surveillance depicting the aforementioned. After the files were deleted and at the genesis of the new historical recorded activity the defendant is the only person observed in the FBFD.</p>					
<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"/>	
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>3rd</u> day of <u>April, 2013</u> <b>04-03-13</b>		I swear/affirm the above statements are correct and true.		Rt Thumb	
Name: <b>Sgt. Frank Parich 7009</b>		OFFICER'S/COMPLAINANT'S SIGNATURE <b>Det. L.L. Williams 7008</b>			
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) <b>Det. L.L. Williams</b>		ID NUMBER <b>7008</b>	
<b>OFFICIAL USE ONLY</b>		Inmate Number & facility: <b>FCIF</b>			

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# Witness/Victim/Evidence Form 707-A

☐ Arrest  
☒ Affidavit  
☐ Notice to Appear

☒ Adult  
☐ Juvenile

Court Case  
Number: 13-1529

Pg # 1 of 1

Defendant Name: Pace, Robert David		Agency Case Number:	
Name (L,F,M): Bissonnette, Jacob	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: w	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip: 32164	Age: 29
Bus./School Address:		Home Phone:	DOB:
Relative/Contact Name:		Relative/Contact Address:	SSN:
Name (L,F,M): Kearney, Donna		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: w
Address (#, Street, City, State): Flagler Beach Police Department		Zip:	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M): Pflueger, Jerry		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: w
Address (#, Street, City, State): James Moore and Company		Zip:	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Zip:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Bus./School Address:		Home Phone:	Age:
Relative/Contact Name:		Relative/Contact Address:	DOB:

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
DVD of video surveillance from the Flagler Beach Fire Department			
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.

Investigating Officer

ID Number

Agency

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