

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

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

Pg #1 of 3

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>12-977 MM</b>
(ORI) FL: 0   1   8   0   0   0   0	Agency Name: <b>Flagler County Sheriff's Office</b>	Agency Case Number: <b>2012-00045488</b>		
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OBTS#	UCR:	Date Arrested:	Time of Arrest:
ADDRESS OF ARREST:		Arrested By:	ID Number:	
<b>DEFENDANT</b> Name (L.F.M.): <b>PAFFUMI, JEFFREY, ALLEN</b>		A.K.A.:	Sex: <b>Male</b>	Race: <b>White</b>
DOB: <b>12/03/1972</b>	Age: <b>39</b>	Driver's Lic/ID No.: <b>P150-421-72-443-0</b>	State: <b>Florida</b>	Year Expires: <b>2018</b>
Height: <b>6 2</b>	Weight:	Hair: <b>Brown</b>	Eyes: <b>Unknown</b>	POB (City, St. Country):
Scars, Marks, Tattoos:	Business & Occupation:		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				
<b>19 RYLEY LN Palm Coast Florida 32164- (386)313-1469</b>				
Address-Other(Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE				
<b>CHARGES</b> DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infractions <input type="checkbox"/> DUT <input type="checkbox"/>		Total Charges: <b>1</b>
#1 Charge: <b>-784.03 Battery</b>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>784.03</b>	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:
<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:	DOB:	Age:
#2 NAME(L.F.M.):	Race:	Sex:	DOB:	Age:
<b>NARRATIVE</b> The undersigned certifies and swears that there is a probable cause to believe the above named defendant, on the <u>5th</u> day of <u>July</u> , 2012, at approximately <u>02:06</u> <u>X</u> A.M. <u></u> P.M. at <u>215 ST JOE PLAZA DR</u> within <u>Flagler</u> County, violated the law and did then and there.				
Jeffrey Paffumi was observed by several witnesses striking Shawn Morang several times in the face. Jeffrey was observed talking to Shawn in front of the establishment and threw his drink on the ground while speaking to him. Management asked Shawn to leave and requested Jeffrey go inside the establishment. Jeffrey went inside the establishment and Shawn stayed in front of it. Jeffrey then went back outside the establishment and claimed someone had stolen his drink. Jeffrey turned towards Shawn and began punching him in the face until management pulled Jeffrey off of him. Management told Jeffrey to sit down inside but he instead left the				
Supervisor Approved:				
<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	Juve Disp. CITATION No.
Sworn to and subscribed before me, the undersigned This <u>5</u> day of <u>July</u> , 2012.		I swear/affirm the above statements are correct and true.		Rt Thumb
Name: <i>[Signature]</i>		OFFICER'S/COMPLAINANT'S SIGNATURE		
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME (PRINTED)	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: **44**

Pg #2 of 3

Defendant Name: PAFFUMI, JEFFREY, ALLEN		Agency Case Number: <b>45488-12</b>	
Name (L,F,M): MORANG, SHAWN, RICHARD	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address 1532 W WINDY WILLOW DR ST. AUGUSTINE, Florida		Age: 31	DOB: [REDACTED] 1981
Zip: 32092-		Home Phone: (207)620-6767	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): MAGERS, SUSAN, L	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address 32 WHIPPOORWILL DR Palm Coast, Florida		Age: 40	DOB: [REDACTED] 1972
Zip: 32164-		Home Phone: [REDACTED] -6815	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): CARR, BREANNE, NICHOLE	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address 32 WHIPPOORWILL DR Palm Coast, Florida		Age: 21	DOB: [REDACTED] 990
Zip: 32164-		Home Phone: [REDACTED] 9200	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): TEMPLE, JASON, MICHAEL	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address 215 ST. JOE PLAZA DR Palm Coast, Florida		Age: 31	DOB: [REDACTED] 1981
Zip: 32137-		Home Phone: [REDACTED] 2522	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
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:
Zip:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
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:
Zip:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bus/School Address:		Zip:	Bus/Phone:
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	

## 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
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

707-A - COURT COPY

# Narrative 707-B Supplement

Arrest  
 Affidavit X  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

Defendant Name:  
PAFFUMI, JEFFREY, ALLEN

Agency Case Number:  
45488-12

CHARGES		DOMESTIC VIOLENCE? YES <input 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"/>				Total Charges: 1
#	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:		

establishment prior to my arrival. Shawn wished to pursue charges.

Sworn to and subscribed before me, the undersigned this <u>5</u> day of <u>July</u> , 20 <u>12</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u> 401	
Notary Public <input type="checkbox"/> Law 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>Barr</u>	ID NUMBER <u>411</u>

707-B - COURT COPY