

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

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

Bk # 15-2076

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: 2015 CF 000777	
(ORI) FL: 1 8 0 0 0 0 0				Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE		Agency Case Number: 2015-98037	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>1801044769</u>		UCR:	Date Arrested: 9/23/15	Time of Arrest: 7:45 pm	
ADDRESS OF ARREST: 4721 E. Moody Blvd Bunnell FL, 32110				Arrested By: Detective J. Fuentes		ID Number: 547	
<b>DEFENDANT</b> Name (L,F,M): Pehtoa, Anna, Marie				A.K.A.: Anna		Sex: Female	Race: Whi
DOB: 11/11/1939		Age: 75	Driver's Lic/ID No.: P300-053-39-911-0	State: FL	Year Expires: 2020	S.S. #: _____	
Height: 5'-5"	Weight:	Hair: Gray	Eyes: blue	POB (City, St, Country): Pennsylvania		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Scars, Marks, Tattoos: unknown		Business & Occupation: Retired				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): 132 Sanchez Ave		(CITY): Palm Coast		(STATE): FL	ZIPCODE: 32137	RESIDENCE PHONE: (386)447-1090	
Address-Local (STREET, APT. NUMBER):		(CITY):		(STATE):	ZIPCODE:	RESIDENCE PHONE:	
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 checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: 1	
#1	Charge: Murder of the Second Degree	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 782.04(2)	Citation No.:		Bond: 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 probable cause to believe the above named defendant, on the <u>23</u> day of <u>September</u> , 2015, at approximately <u>4:32</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>132 Sanchez Ave, Palm Coast FL, 32137</u> within <u>FLAGLER</u> County, violated the law and did then and there:							
On 9/23/15 at approximately 4:32pm, the Flagler County Sheriff's Office received a 911 call from Anna Pehota. When Anna was asked by the dispatcher what her emergency was, Anna stated, "I think I killed my husband." Anna went on to say that she thinks she shot him three times. The dispatcher confirmed what Anna had said by repeating, "You think you shot him three times?" and Ann replied by saying yes. Anna was crying hysterically, and stated several times that she shot her husband and how could she do this. When Anna was asked why she shot him, she stated, "He kept pushing me mentally." Anna advised that nothing physical took place between them. However, her husband was just mentally abusing her. Anna provided her address to the dispatcher before the telephone line disconnected.							
Once Deputies arrived on scene, Anna exited the residence of 132 Sanchez Avenue Palm Coast FL, 32137 and was secured. A male could be seen laying in the front door way of the residence and was later pronounced dead on scene. A crime scene was established and Anna was transported the Flagler County Sheriff's Office Investigative Services Division, where a recorded interview took place. During the interview, Anna was read her Miranda warnings which she stated she understood and waived them. Anna went on to explain that her husband John has been mentally abusing her for many years and today while she was making dinner. John said something to her, however, she could not remember what it was, but it made her mad and caused her to break a dish in the kitchen.							
<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>23</u> day of <u>September</u> , 2015.		I swear/affirm the above statements are correct and true		OFFICER'S/COMPLAINANT'S SIGNATURE		Rt Thumb	
Name: <u>[Signature]</u>		NAME(PRINTED) DET. J. Fuentes		ID NUMBER 547			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Practiced Identification <input type="checkbox"/> Type of Identification:		Inmate Number & facility:					
<b>OFFICIAL USE ONLY</b>							

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile


Court Case Number:

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Defendant Name: <b>Pehtoa, Anna, Marie</b>	Agency Case Number: <b>2015-98037</b>
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<b>CHARGES</b>	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges:
# 4	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:

Anna advised that she thinks John continued to provoke her which made her go into her bedroom and retrieve her .22 caliber long barrel handgun and then shoot him three times while he was standing by the front door of their residence facing her. Anna was unable to provide any further information as to what she and John were arguing about and stated that she just couldn't remember.

Sworn to and subscribed before me, the undersigned this <u>23</u> day of <u>SEPTEMBER</u> , 2015. Name: <u>[Signature]</u> Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	I swear/affirm the above statements are correct and true. <div style="text-align: center;">             OFFICER'S/COMPLAINANT'S SIGNATURE         </div> <table border="1" style="width:100%"> <tr> <td style="width:60%">NAME (PRINTED): <u>J. Fuentes</u></td> <td style="width:40%">ID NUMBER</td> </tr> </table>	NAME (PRINTED): <u>J. Fuentes</u>	ID NUMBER	Right thumb
NAME (PRINTED): <u>J. Fuentes</u>	ID NUMBER			

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:


Pg # 2 of 3

Defendant Name: Pehtoa, Anna, Marie		Agency Case Number: 2015-98037	
Name (L,F,M): Pehtoa, John,S	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: Wht	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 132 Sanchez Ave Palm Coast FL,	Age: 77	DOB: 11/25/37	SSN: [REDACTED]
Bus./School Address:	Zip: 32137	Home Phone: (386)447-1090	Statement: Yes <input type="checkbox"/> No <input checked="" 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:
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:
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:
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:
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.

  
 Investigating Officer 547 ID Number

FLSO  
 Agency