

7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Arrest # _____

Bk # 15-0230

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: <u>#15-102 MIV</u> | |
| (ORI) FL: 0 1 8 0 0 0 0 | | Agency Name: Flagler County Sheriff's Office | | Agency Case Number: 2015-00010666 | |
| FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | OBT# <u>1801042987</u> | | UCR: | Date Arrested: 01/27/2015 |
| ADDRESS OF ARREST: 1385, RYMFIREDR, Palm Coast, Florida, 32164- | | Arrested By: Weaver Daniel | | ID Number: 412 | |
| DEFENDANT Name (L.F.M.): WILEY, EDDIE, THOMAS | | A.K.A.: | | Sex: Male | Race: Black |
| DOB: 1/1993 | | Age: 21 | Driver's ID No.: | State: Florida | Year Expires: 2017 |
| Height: 5 10 | | Weight: 235 | Hair: Black | POB (City, St, Country): Brown | Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Scars, Marks, Tattoos: | | 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-Mailing Permanent (STREET, APT. NUMBER) | | (CITY) | | (STATE) | ZIP CODE |
| Address-Local (STREET, APT. NUMBER) | | (CITY) | | (STATE) | ZIP CODE |
| 15 RICHARDSON DR | | PALM COAST | | Florida | 32137 |
| Address-Other (Employer/School) | | (CITY) | | (STATE) | ZIP CODE |
| 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"/> DUI <input type="checkbox"/> | |
| #1 | Charge: Poss Marijuana Under 20 Grams | FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/> | FS ORD: 893.13.6B | Citation No.: | Bond: \$500 |
| #2 | Charge: Resist Arrest Without Violence | FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/> | FS ORD: 843.02 | Citation No.: | 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: |
| #2 NAME (L.F.M.): | | Race: | | Sex: | DOB: |
| NARRATIVE The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>27th</u> day of <u>January</u> , <u>2015</u> , at approximately <u>02:07</u> <u>A.M.</u> <u>X</u> P.M. at <u>1385 RYMFIREDR</u> within <u>Flagler</u> County, violated the law and did then and there. | | | | | |
| On 1/27/15 at approximately 1400 hours, Corporal Neat observed a black male, now known to me as Eddie Wiley, by the bathrooms of the park at 1385 Rymfire Drive (Ralph Carter Park) rolling a cannabis cigarette. Upon my arrival into the park in my marked patrol vehicle and in full uniform, I made contact with Eddie who was still holding the hand rolled cannabis cigarette in his left hand. I told Eddie to place his hands behind his back and secured him in handcuffs pending further investigation. Upon a further inspection of the cigarette, I smelled an odor of cannabis emitting from it which I identified through my training and experience. Eddie continued to state that I couldn't search his backpack. During a search of Eddie for any other narcotics on his person, I pulled his jeans up (they were sagging) so I could perform a thorough search at which point Eddie began to pull away from myself and Detective Barile saying that I wasn't | | | | | |
| Supervisor Approved: | | | | | |
| 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>27th</u> day of <u>Jan</u> , <u>2015</u> | | I swear affirm the above statements are correct and true. | | Rt Thumb | |
| Name: <u>Sgt. Neat #31</u> | | OFFICER'S COMPLAINANT'S SIGNATURE <u>A. Neat #412</u> | | | |
| Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Fingerprinted Identification <input type="checkbox"/> Type of Identification: | | NAME (PRINTED) <u>D. Weaver</u> | | ID NUMBER <u>*412</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 3

| | | | |
|--|--|---|--|
| Defendant Name: WILEY, EDDIE, THOMAS | | Agency Case Number: 2015-00010666 | |
|--|--|---|--|

| | | | | | | |
|--------------------------------------|--|------------------------------|---|----------------|------|--|
| 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: | Bus. 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: | Bus. Phone: | | Bus. Phone: |
| Relative/ Contact Name: | | Relative/Contact Address: | | Phone: | | |

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|--------------------------------------|--|------------------------------|---|----------------|------|--|
| 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: | Bus. Phone: | | Bus. Phone: |
| Relative/ Contact Name: | | Relative/Contact Address: | | Phone: | | |

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|--------------------------------------|--|------------------------------|---|----------------|------|--|
| 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: | Bus. Phone: | | Bus. Phone: |
| Relative/ Contact Name: | | Relative/Contact Address: | | Phone: | | |

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|--------------------------------------|--|------------------------------|---|----------------|------|--|
| 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: | Bus. Phone: | | Bus. Phone: |
| Relative/ Contact Name: | | Relative/Contact Address: | | Phone: | | |

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|--------------------------------------|--|------------------------------|---|----------------|------|--|
| 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: | Bus. 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: | Bus. Phone: | | Bus. Phone: |
| Relative/ Contact Name: | | Relative/Contact Address: | | Phone: | | |

| | | | |
|--|-------------------------------------|--------------------------|-------------|
| EVIDENCE COLLECTED | | | |
| Description of Evidence CANNABIS CIGARETTE | Date Recovered 01/27/2015 | Model Serial/I.D. Number | Drug Amount |
| Owner(Name) (Address) | (Phone) | Value | |
| Description of Evidence SMALL CLEAR BAGGIE CONTAINING ONE GRAM OF CANNABIS | Date Recovered 01/27/2015 | 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.

D. Weaver
Investigating Officer

412
ID Number

FLSO
Agency

707-A - COURT COPY

Narrative 707-B Supplement

☒ Arrest
☐ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case
Number:

Page # 3 of 3

| | | | |
|--|---|---|----------------------------|
| Defendant Name: WILEY, EDDIE, THOMAS | | Agency Case Number: 2015-00010666 | |
| 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: |

allowed to pull his pants up.

Eddie was escorted to the ground by Detective Barile, Detective Gamarra and myself until he calmed down and agreed to cooperate with law enforcement on scene. During a search of the backpack, an additional small clear baggie containing under a gram of cannabis was located in a side pocket of the backpack. The cannabis cigarette field tested presumptive positive on scene using a Lynn Peavey QuickCheck test kit. Eddie was additionally issued a trespass warning to stay off the property of 1385 Rymfire Drive. After arrival at the Inmate Facility, Eddie advised that his handcuffs were too tight and they were loosened slightly per his request. It should be noted that I was unable to activate my AXON body camera due to immediately contacting Eddie upon entering into the park.

| | | |
|--|---|-------------|
| Sworn to and subscribed before me, the undersigned this <u>27th</u> day of <u>January</u> , 2015 | I swear/affirm the above statements are correct and true. | Right thumb |
| Name: <u>Sgt. Alamo #33</u> | <u>D. Weaner</u> *412 | |
| Notary Public <input type="checkbox"/> Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> | NAME(PRINTED) <u>D. Weaner</u> ID NUMBER <u>*412</u> | |

707-B - COURT COPY