

7th Judicial Circuit 707  
Charging Affidavit - Flagler

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

Bk # 11-1548

Pg #1 of 2

ARRESTED <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>11-688 MM</u>	
(ORI) FL: <u>1 8 0 0 0 0</u>		Agency Name: <b>FLAGLER COUNTY SHERIFF'S OFFICE</b>		Agency Case Number: <u>35081-11</u>	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS # <u>1801033170</u>		UCR:	Date Arrested: <u>5-30-11</u>
ADDRESS OF ARREST: <u>1 Bradmore Lane Palm Coast FL 32137</u>		Arrested By: <u>J. Koorduski</u>		Time of Arrest: <u>16:31Z</u>	
<b>DEFENDANT</b>		NAME (L,F,M): <u>Prionti, Daniel</u>		A.K.A.: _____	
DOB: <u>7-13-77</u>		Age: <u>34</u>		Driver's Lic./ID No: <u>P630-174-77-2520</u>	
Height: <u>5'11</u>		Weight: <u>196</u>		State: <u>FL</u> Year Expires: <u>2011</u>	
Hair: <u>Bro</u>		Eyes: <u>Blu.</u>		P.O.B. (City, State, Country): <u>New York</u>	
Scars, Marks, Tattoos: _____		Business & Occupation: <u>Unemployed</u>		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"/>	
Address - Mailing/ Permanent (STREET, APT. NUMBER) <u>1 Bradmore Lane</u>		(CITY) <u>Palm Coast</u>		(STATE) <u>FL</u> ZIP CODE <u>32137</u>	
Address - Local (STREET, APT. NUMBER) <u>Same as above</u>		(CITY) _____		(STATE) _____ ZIP CODE _____	
Address - Other (Employer/School) (STREET, APT. NUMBER) _____		(CITY) _____		(STATE) _____ ZIP CODE _____ BUS/SCHOOL PHONE _____	
<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"/> DUI <input type="checkbox"/>	
#1 Charge: <u>Disorderly intoxication</u>		FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>856.011(1)</u> Citation No: _____ Bond: <u>200.00</u>	
#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>30<sup>th</sup></u> day of <u>May</u> , <u>2011</u> , at approximately <u>10:32</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>1 Bradmore Lane</u> within <u>Flagler</u> County, violated the law and did then and there: <u>was unlawfully intoxicated and endangered the safety of another person or property, or was intoxicated or drank an alcoholic beverage in a public place or on a public conveyance and caused a public disturbance.</u>					
To wit: <u>Daniel Prionti called "911" several times intoxicated wanting us to retrieve his credit card that his mother took. Upon my arrival Daniel was hostile towards law enforcement. Daniel wanted to fight law enforcement and was a danger to himself if left alone.</u>					
<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		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	
Sworn to and subscribed before me, the undersigned this <u>31</u> day of <u>May</u> <u>2011</u>		I swear/affirm the above statements are correct and true.		Rt thumb	
Name: _____		OFFICER'S/COMPLAINANT'S SIGNATURE		CITATION No. _____	
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) <u>J. Koorduski</u> ID NUMBER <u>529</u>	
Type of Identification: _____		Inmate Number & Facility: _____			
<b>OFFICIAL USE ONLY</b>					

# Witness/Victim/Evidence Form 798-A

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile  
 Court Case Number:

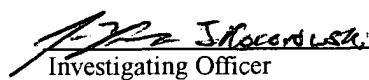
Page 2 of 2

Defendant Name: <u>Daniel Prietti</u>		Agency Case Number: <u>35081-11</u>					
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:	
Address (#, Street, City, State):		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:				Zip:		Bus. Phone:	
Relative/Contact Name:		Relative/Contact Address:				Phone:	

## EVIDENCE COLLECTED

Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

 529 Investigating Officer ID Number Fingler County Sheriff's Office Agency

STATE VS. Priotti, Daniel | 7-13-77  
Name (L,F,M): DOB:

FIRST APPEARANCE DATE: 5-31-11

The defendant was advised of his/her rights and furnished a copy of the complaint.  
Defendant (  ) requested and was appointed a Public Defender after being found indigent.  
Defendant (  ) not indigent, has or will retain \_\_\_\_\_ as counsi  
The court has examined the sworn complaint and finds:

CHARGE	<i>Disorderly Intox</i>		
Probable Cause Found	<input checked="" type="checkbox"/>		
PC Undet. - 72 hours			
PC Undet. - 96 hours			
Insufficient PC			
BOND SET AT	<u>200</u>		
ROR			
PTR			
Other			

ASA: \_\_\_\_\_ PD \_\_\_\_\_

Plea: \_\_\_\_\_

Sentence: \_\_\_\_\_

Notes: \_\_\_\_\_

Type of Supervision

- Supervised Release
- Electronic Monitoring - May require Defendant to pay for use of monitoring equipment

Special Conditions:

- No contact with the alleged victim(s), witness (es) & co-defendant(s)
- No violent contact with alleged victim(s)
- Do not consume illegal drugs
- Do not consume alcohol
- Submit to urinalysis test for illegal drugs and/or alcohol
- Substance abuse assessment
- Participation in appropriate substance abuse treatment
- \_\_\_\_\_