

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

Arrest # _____

Bk # 11-1234

Pg #1 of 2

11-563 MM

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:
(ORI) FL: _____			Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE	Agency Case Number: 27373-11
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OBTs# <u>180103-905</u>	UCR:	Date Arrested: 4/27/11
ADDRESS OF ARREST: 1 BRADMORE LN, PALM COAST, FL 32137			Arrested By: MILLER	ID Number: 344
DEFENDANT		Name (L,F,M): PRIOTTI, DANIEL, O		A.K.A.:
DOB: 7/13/77	Age: 33	Driver's Lic/ID No.: P630-174-77-253-0	State: FL	Year Expires: 2011
Height: 511	Weight: 180	Hair: BROWN	Eyes: Blue	POB (City, St, Country): NEW YORK
Scars, Marks, Tattoos: Fatso left Arm "Cross and ko."		Business & Occupation:		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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): 1BRADMORE LN		(CITY): PALM COAST	(STATE): FL	ZIPCODE: 32137
Address-Local (STREET, APT. NUMBER): SAME		(CITY):	(STATE):	ZIPCODE:
Address-Other(Employer/School) (STREET, APT. NUMBER):		(CITY):	(STATE):	ZIPCODE:
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 checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>
Total Charges: 1				
#1	Charge: DISORDERLY CONDUCT	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input checked="" type="checkbox"/>	FS/ORD: 877.03	Citation No.:
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:
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"/>		
#1 NAME(L,F,M):		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"/>		
#2 NAME(L,F,M):				
NARRATIVE		The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>27</u> day of <u>APRIL</u> , 2011, at approximately <u>03:45</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. at <u>1 BRADMORE LN</u> within <u>FLAGLER</u> County, violated the law and did then and there: commit such acts as are of a nature to corrupt the public morals, or outrage the sense of public decency, or affect the peace and quiet of persons who may witness them, or engages in brawling or fighting, or engages in such conduct as to constitute a breach of the peace or disorderly conduct. To Wit: I responded to 1 Bradmore Ln in reference to a verbal disturbance. Upon arrival I met with Daniel Priotti who was intoxicated. Daniel was asked to remain in the home while I talked with the other half of the incident. Daniel insisted on coming outside. Daniel was advised that if he came outside while I was talking to the other half (Michael Priotti) that he needed to remain quiet and not engage his brother in an argument. Daniel began yelling and ignored repeated requests to stop. Daniel continued consuming alcohol at this time. Several neighbors began coming out to see what the disturbance was. I advised Daniel that he needed to go inside for the evening and sleep of the alcohol or go to jail for Disorderly Conduct. Daniel stated that he wanted to go to jail. I then talked Daniel into reconsidering but instead of going back into the home he continued yelling about his family issues outside the home. I asked Daniel 2 more times to go inside or he would be arrest and he stated that he wanted to go to jail. I arrested Daniel for Disorderly Conduct. Daniels brother Michael and his sister Kristy witnessed the incident.		
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		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		Juve Disp. CITATION No.
DATE		RELATIONSHIP TO JUVENILE		
Sworn to and subscribed before me, the undersigned This 27th day of <u>APRIL</u> , 2011.		I swear/affirm the above statements are correct and true.		Rt Thumb
Name: <i>[Signature]</i>		OFFICER'S/COMPLAINANT'S SIGNATURE: <i>[Signature]</i>		
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) DEP. M. MILLER		ID NUMBER 344
OFFICIAL USE ONLY		Inmate Number & facility:		

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 27373-11


Pg # 2 of 2

Defendant Name: PRIOTTI, DANIEL, O		Agency Case Number: 27373-11	
Name (L,F,M): PRIOTTI, MICHAEL	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): 1 BRADMORE LN, PALM COAST, FL	Zip: 32137	Age: 28	DOB: 9/7/82
Bus./School Address:	Relative/Contact Address:	Home Phone: 386-585-4524	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M): PRIOTTI, KRISTY	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 1 BRADMORE LN, PALM COAST, FL	Zip: 32137	Age: 27	DOB: 12/16/83
Bus./School Address:	Relative/Contact Address:	Home Phone: 386-793-5357	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):	Zip:	Age:	DOB:
Bus./School Address:	Relative/Contact Address:	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):	Zip:	Age:	DOB:
Bus./School Address:	Relative/Contact Address:	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):	Zip:	Age:	DOB:
Bus./School Address:	Relative/Contact Address:	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):	Zip:	Age:	DOB:
Bus./School Address:	Relative/Contact Address:	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.

 344
 Investigating Officer ID Number Flayler County Agency

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

FIRST APPEARANCE DATE: 4-27-11

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 council.
The court has examined the sworn complaint and finds:

CHARGE	D. Sordely Conf. #		
Probable Cause Found	<input checked="" type="checkbox"/>		
PC Undet. - 72 hours			
PC Undet. - 96 hours			
Insufficient PC			
BOND SET AT	<u>250</u>		
ROR			
PTR			
Other			

offered + S.

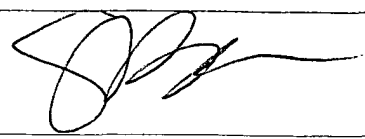
ASA: _____ PD _____
Plea: _____
Sentence: _____
Notes: _____

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
- _____



Judge