

**IN THE CIRCUIT COURT,  
SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA**

**CASE NO.: 16-01082-CFFA**

**STATE OF FLORIDA**

**VS.**

**TYRONE OXENDINE /**

**DOB: 10/09/1981, SSN: [REDACTED]**

**B/M, HT: 508, WT: 190**

**STATE'S SECOND MOTION TO REVOKE BOND**

COMES NOW, the State of Florida, by and through the undersigned Assistant State Attorney, and pursuant to Fla. Statute 903.0471, hereby moves this Honorable Court to revoke the present bond of the defendant because there is probable cause to believe the defendant committed a new offense while on pretrial release in this case. Specifically the State would show:

1. On December 20, 2016, the Defendant was arrested on a warrant signed by the Honorable Judge R. Lee Smith for committing the instant offense of Burglary of a Dwelling. He subsequently bonded out of the Putnam County Branch Jail on a monetary bond. A copy of the warrant in this case and affidavit of arrest were attached to the State's previous Motion to Revoke Bond filed on January 12, 2018.
2. After posting bond, the defendant was arrested on January 9, 2018, by Crescent City Police Department, for the charge of Resisting Arrest Without Violence, a first degree misdemeanor. That case is currently pending in Putnam County Court, case number 2018-0111MMA. A copy of the charging affidavit attesting to those charges was attached in the State's previous Motion to Revoke Bond filed on January 12, 2018.
3. The defendant was arrested a second time by the Crescent City Police Department on January 10, 2018. On that date, the defendant was arrested for the offenses of Criminal Mischief, a first degree misdemeanor, Trespass, a second degree misdemeanor, and Threatening a Witness, a third degree felony. That case is currently pending in Circuit Court in Putnam County, case number 2018-0095CF. A copy of the charging affidavit attesting to those charges is attached to this motion for the Court's review.
4. Because there is now probable cause to believe that the defendant has committed new crimes while on pre-trial release, as contemplated in Fla. Statute 903.0471, the State requests that this Court revoke the defendant's bond and hold him in custody until the instant case is resolved.

WHEREFORE, the State of Florida respectfully requests this Court enter an Order revoking the defendant's bond and to hold the defendant in custody without bond during the pendency of this case.

R.J. LARIZZA,  
STATE ATTORNEY

By: s/MELISSA L CLARK  
ASSISTANT STATE ATTORNEY  
Florida Bar No.: 0499625  
ESERVICEFLAGLER@SAO7.ORG

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy hereof has been furnished by mail/delivery to JAMES D CROCK, 444 SEABREEZE BLVD., SUITE 650, DAYTONA BEACH, FL 32118, on January 18, 2018.

s/MELISSA L CLARK  
ASSISTANT STATE ATTORNEY  
Florida Bar No.: 0499625  
1769 EAST MOODY BLVD BLDG 1  
THIRD FLOOR  
BUNNELL, FL 32110  
(386) 313-4300  
ESERVICEFLAGLER@SAO7.ORG

FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OBTS #		<b>ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 7TH JUDICIAL CIRCUIT</b>				1. Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref.		<input type="checkbox"/> 3 <input type="checkbox"/>	Juvenile <input type="checkbox"/>		
Agency ORI Number <b>FL0540200</b>		Agency Name <b>CRESCENT CITY POLICE DEPARTMENT</b>				Agency Case # <b>18-01-100024</b>					
Check Type. Check as many as apply: <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other/Capias		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		Weapon Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type <b>2018-0095CF</b>					
Location of Arrest (Include Name of Business) <b>627 GUNBY COURT</b>		City <b>CRESCENT CITY</b>		Business Name, Address <b>627 GUNBY COURT</b>		City <b>CRESCENT CITY</b>					
Date of Arrest <b>01/10/2018</b>		Time of Arrest <b>03:03 PM</b>		Date of Booking		Time of Booking		Jail Date			
Booking #		SPN #		Other ID #		FCIC/NCIC #		DOC #			
Name (Last, First, Middle, Suffix) <b>OXENDINE TYRONE</b>		Alias/Maiden				Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other <input type="checkbox"/>					
Sex <b>M</b>		Date Of Birth <b>10/9/1981</b>		Height <b>5'08"</b>		Weight		Eye Color <b>BRO</b>			
Hair Color <b>BLK</b>		Complexion <b>DARK</b>		Build <b>MEDIUM</b>		SCARS/MARKS/TATOOS (Location/Describe)					
Local Address <b>612 CARLIN ROAD</b>		City <b>SATSUMA</b>		State <b>FL</b>		Zip Code <b>32189</b>		Phone #			
Permanent Address <b>612 CARLIN ROAD</b>		City <b>SATSUMA</b>		State <b>FL</b>		Zip Code <b>32189</b>		Phone #			
Street Address		City		State		Zip Code		Phone #			
DL # <b>O253800813690</b>		DL State <b>FL</b>		Soc. Sec. #		INS #		Place Of Birth <b>NJ</b>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Activity: N. N/A S. Sell R. Smuggle K. Dispense/Distribute P. Possess B. Buy D. Deliver M. Manufacture/Produce/Cultivate T. Traffic E. Use Z. Other		Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		Indication of Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.						Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
<b>CHARGE # 1</b> Charge Description <b>DAMAGE PROP-CRIM MISCH - OVER 200 DOLS UNDER 1000 DOLS</b>		Counts <b>1</b>		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute <b>806.13(1b2)</b>		Ordinance #			
Drug Activity <b>N</b>		Drug Type		Drug Amount		State Attorney Number		Court Number			
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		#		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest			
<b>CHARGE # 2</b> Charge Description <b>TRESPASSING - PROPERTY NOT STRUCTURE OR CONVEY</b>		Counts <b>1</b>		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute <b>810.09(2a)</b>		Ordinance #			
Drug Activity <b>N</b>		Drug Type		Drug Amount		State Attorney Number		Court Number			
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		#		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest			
<b>CHARGE # 3</b> Charge Description <b>OBSTRUCTING JUSTICE - INTIMIDATE THREATEN ETC VICT WITNESS INFORMANT</b>		Counts <b>1</b>		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute <b>914.22(1)</b>		Ordinance #			
Drug Activity <b>N</b>		Drug Type		Drug Amount		State Attorney Number		Court Number			
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		#		Offense/Issued Date <b>01/10/2018</b>		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest			
<input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> You need not appear in Court, but must comply with attached instructions		Location		Date:							
Defendant/Juvenile Signature		Parent/Guardian Signature		Released To:		Date		Time			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Bond Date									
Adults Only <input type="checkbox"/> Hold For First Appearance <input type="checkbox"/> Do Not Bond Out <input type="checkbox"/> Reason:		Verified By:		Bond Charge #		Bond Charge #		Bond Type			
Swear/Affirm the above and attached statements are true and correct.		Sworn and subscribed before me, the undersigned authority this <u>10</u> day of <u>Jan</u> , 20 <u>18</u>		Type: 1 ROR 2 Cash 3 Surety 4 Bail/Bond 5 Cert. 6 Other		Bond Type		Bond Type			
Officer's / Complainant's Signature <b>RALPH C5</b>		Signature of Person Administering Oath <b>Sgt. R. Chayo</b>		Return to Court		Date:		Time:			
Name(Printed) <b>A</b>		ID NO. <b>C5</b>		Released		Date:		Time:			
Title		Title		Released by:		Date:		Time:			
Page		Page		Page		Page		Page			

RECORDED

JAN 12

STATE ATTORNEY

# OFFENSE-INCIDENT REPORT

AGENCY INFORMATION				
AGENCY NAME <b>CRESCENT CITY POLICE DEPARTMENT</b>		AGENCY ADDRESS <b>19 NORTH SUMMIT ST.</b>		AGENCY CITY <b>CRESCENT CITY</b>
AGENCY COUNTY <b>PUTNAM</b>	AGENCY STATE <b>FL</b>	AGENCY ZIP CODE <b>32112</b>	AGENCY PHONE <b>(386) 698-1211</b>	OTHER AGENCY DETAILS

INCIDENT INFORMATION				
AGENCY REPORT NUMBER <b>18-01-100024</b>		PRIMARY OFFENSE DESCRIPTION <b>CRIMIAL MISCHIEF</b>		REPORT TYPE <b>Original</b>
ORIGINAL DATE REPORT <b>1/10/2018</b>	TIME <b>8:25 AM</b>	TIME DISPATCHED <b>8:25 AM</b>	TIME ARRIVED <b>8:30 AM</b>	TIME CLEARED <b>8:45 AM</b>
DATE OF SUPPLEMENT	FROM DATE <b>1/10/2018</b>	TIME	TO DATE <b>1/10/2018</b>	TIME
# OFF/INC <b>3</b>	# VICTIMS <b>0</b>	# OFFENDERS <b>2</b>	# PREM. ENT. <b>0</b>	# VEH. STOLEN <b>0</b>
		JUVENILE?	WARN/DISMISS?	GANG RELATED? <b>NO</b>

LOCATION INFORMATION							
COUNTY <b>PUTNAM</b>	STATE <b>FL</b>	CITY <b>CRESCENT CITY</b>	STREET # <b>627</b>	INCIDENT STREET NAME <b>GUNBY COURT</b>			
AT FEET	OR MILES	DIRECTION	INCIDENT CROSS STREET	BUSINESS NAME/AREA IDENTIFIER			
LOCATION TYPE <b>APARTMENT/CONDO</b>		OCCUPANCY <b>N/A</b>	FORCED ENTRY? <b>NO</b>	DISTRICT	GRID	AREA	ZONE

OFFENSE/INCIDENT # 1				
INCIDENT TYPE <b>MISDEMEANOR</b>	STATUS <b>COMMITTED</b>	STATUTE / VIOLATION <b>806.13(1b2)</b>	DESCRIPTION <b>DAMAGE PROP-CRIM MISCH - OVER 200 DOLS UNDER 1000 DOLS</b>	NCIC/UCR CODE <b>2907</b>

OFFENSE/INCIDENT # 2				
INCIDENT TYPE <b>MISDEMEANOR</b>	STATUS <b>COMMITTED</b>	STATUTE / VIOLATION <b>810.09(2a)</b>	DESCRIPTION <b>TRESPASSING - PROPERTY NOT STRUCTURE OR CONVEY</b>	NCIC/UCR CODE <b>5707</b>

OFFENSE/INCIDENT # 3				
INCIDENT TYPE <b>FELONY</b>	STATUS <b>COMMITTED</b>	STATUTE / VIOLATION <b>914.22(1)</b>	DESCRIPTION <b>OBSTRUCTING JUSTICE - INTIMIDATE THREATEN ETC VICT WITNESS INFORMANT</b>	NCIC/UCR CODE <b>5006</b>

PERSON INFORMATION									
<b>Person # 1</b>		Offense # <b>01,02,03</b>	Person Type <b>SUSPECT</b>		Victim Type		Juvenile? <b>NO</b>	Public Record? <b>NO</b>	
FIRST NAME <b>TYRONE</b>		MIDDLE	LAST NAME <b>OXENDINE</b>		SUFFIX	Business Name			
STREET ADDRESS <b>612 CARLIN RD</b>			CITY	STATE <b>FL</b>	ZIP CODE <b>32189</b>	HOME PHONE #			
DRIVER LICENSE NUMBER <b>0253800813690</b>		STATE <b>FL</b>	DATE OF BIRTH <b>10/9/1981</b>	SEX <b>M</b>	RACE <b>BLACK</b>	SOC SEC. #	BUSINESS PHONE#		
RESIDENCE TYPE <b>N/A</b>	RESIDENCE STATUS <b>N/A</b>	Dom. Viol. ?	RELATIONSHIP	INJ SEVERITY	INJURY TYPE		Charge?		
HEIGHT <b>508</b>	WEIGHT	EYE COLOR <b>BRO</b>	HAIR COLOR <b>BLK</b>	LENGTH	STYLE	COMPLEXION	BUILD <b>MEDIUM</b>	FACIAL HAIR <b>UNKNOW N</b>	TEETH
SPEECH/VOICE		NICKNAME /STREETNAME		STATE OF BIRTH <b>NEW JERSEY</b>	SPECIAL IDENTIFIERS				
CLOTHING (Describe)				SCARS/MARKS/TATOOS (Location/Describe)					
SCIC/NCIC NUMBER		OBTS NUMBER		IMMIGRATION NATURALIZATION #		OTHER I.D NUMBER			
OCCUPATION		EMPLOYER/SCHOOL			EMPLOYER/SCHOOL ADDRESS				
OTHER CONTACT INFO (Time Available, Interpreter, etc.)				SYNOPSIS OF INVOLVEMENT <b>SUSPECT</b>					

PERSON INFORMATION					
<b>Person # 2</b>		Offense #	Person Type <b>OWNER</b>		Victim Type
					Juvenile? <b>NO</b>
					Public Record? <b>NO</b>

AGENCY REPORT NUMBER <b>18-01-100024</b>	OFC. FIRST NAME <b>ASHLEY</b>	MIDDLE NAME	LAST NAME <b>RAIL</b>	BADGE NO <b>C5</b>	1/11/2018	PAGE
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FIRST NAME <b>LUCRETIA</b>		MIDDLE	LAST NAME <b>SAUNDERS</b>			SUFFIX	Business Name		
STREET ADDRESS <b>627 GUNBY COURT</b>				CITY <b>CRESCENT CITY</b>		STATE <b>FL</b>	ZIP CODE <b>32112-0000</b>	HOME PHONE # <b>(386) 538-6448</b>	
DRIVER LICENSE NUMBER		STATE <b>FL</b>	DATE OF BIRTH <b>4/16/1976</b>	SEX <b>F</b>	RACE <b>WHITE</b>	SOC. SEC. #		BUSINESS PHONE#	
RESIDENCE TYPE	RESIDENCE STATUS	Dom. Viol.?	RELATIONSHIP		INJ SEVERITY	INJURY TYPE		Charge?	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	LENGTH	STYLE	COMPLEXION	BUILD	FACIAL HAIR	TEETH
SPEECH/VOICE		NICKNAME /STREETNAME		STATE OF BIRTH		SPECIAL IDENTIFIERS			
CLOTHING (Describe)					SCARS/MARKS/TATOOS (Location/Describe)				
SCIC/NCIC NUMBER		OBTS NUMBER		IMMIGRATION NATURALIZATION #			OTHER I.D NUMBER		
OCCUPATION	EMPLOYER/SCHOOL			EMPLOYER/SCHOOL ADDRESS					
OTHER CONTACT INFO (Time Available, Interpreter, etc.)				SYNOPSIS OF INVOLVEMENT <b>OWNER OF THE VEHICLE</b>					

AGENCY REPORT NUMBER <b>18-01-100024</b>	OFC. FIRST NAME <b>ASHLEY</b>	MIDDLE NAME	LAST NAME <b>RAIL</b>	BADGE NO <b>C5</b>
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1/11/2018

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# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0540200</b>	Agency Name <b>CRESCENT CITY POLICE DEPA</b>	Agency Case # <b>18-01-100024</b>	OBTS #
Name (Last, First, Middle, Suffix) <b>OXENDINE TYRONE</b>		Date Of Birth <b>10/9/1981</b>	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:</p> <p>On <b>01/10/2018</b> , at _____ (Specifically include facts constituting cause for arrest.)</p>			
<p><b>Charge: 1</b></p> <p>Tyrone Oxendine did unlawfully, willfully and maliciously, injure or damage, or place graffiti thereon or commit an act of vandalism to 627 Gunby Court, Crescent City, Fl, 32112, the property of Lucretia Saunders, such damage not being more than one thousand (1,000.00) dollars, to wit: Tyrone Oxendine broke the rea passenger door handle on her vehicle and smashed the front windshield, contrary to Florida Statute 806.13</p>			
<p><b>Charge: 2</b></p> <p>Tyrone Oxendine did actually and intentionally trespass in or on the property located at: 627 Gunby Court, Crescent City, Fl, 32112 after a proper warning had been issued, and Tyrone Oxendine knew of such warning, contrary to Florida Statute 810.08.</p>			

PROBABLE CAUSE STATEMENT 1

*A. Pines*  
Officer's / Complainant's Signature

A  
Name (Printed)

RAIL

C5

ID NO.



# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0540200</b>	Agency Name <b>CRESCENT CITY POLICE DEPA</b>	Agency Case # <b>18-01-100024</b>	OBTS #		
Name (Last, First, Middle, Suffix) <b>OXENDINE TYRONE</b>			Date Of Birth <b>10/9/1981</b>		
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property
	Place of Employment (Name and address)		Length of Employment	Previous Employment (if current less than 2 years)	
ADVISORY AND SOLVENCY HEARING	The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed: of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.				
	I FURTHER CERTIFY THAT:				
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> Defendant has advised the court that he/she has retained counsel, or will retain counsel.		<input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.		
	<input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.		<input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.		
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.		<input type="checkbox"/> The probable cause determination is hereby passed 72 hours.		
			<input type="checkbox"/> Order of No Imprisonment (ONI)		
BOND ACTION TAKEN, If any _____ JUDGE: _____					
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.				
	<input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____				
<input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory Defendant's Signature _____ Defendant's Attorney Signature _____					
WAIVER	I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).				
	Defendant's Signature _____				
FIRST APPEARANCE	<b>ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</b>				
	Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein. IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.				
FIRST APPEARANCE	JUDGE _____ COUNTY COURT in and for _____ County, Florida.				
	Charge	Action	Date		
FIRST APPEARANCE	Bond Amount \$ _____ Cash/Surety: Receipt # _____				
	ESTREATED BY (Judge): _____ Date: _____				

A. Paul CS

\_\_\_\_\_  
Officer's / Complainant's Signature

A RAIL C5  
\_\_\_\_\_  
Name (Printed) ID NO.

# PROBABLE CAUSE CONTINUATION

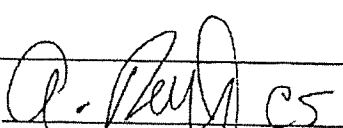
Agency ORI Number <b>FL0540200</b>	Agency Name <b>CRESCENT CITY POLICE DEPARTM</b>	Agency Case # <b>18-01-100024</b>	OBTS #
Name (Last, First, Middle, Suffix) <b>OXENDINE TYRONE</b>			Date Of Birth <b>10/9/1981</b>
CHARGE #	Charge Description	Counts <input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute
	Drug Activity	Drug Type	Drug Amount
	<input type="checkbox"/> PC <input type="checkbox"/> Capias	<input type="checkbox"/> AC <input type="checkbox"/> BW	<input type="checkbox"/> FW <input type="checkbox"/> PW
CHARGE #	Charge Description	Counts <input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute
	Drug Activity	Drug Type	Drug Amount
	<input type="checkbox"/> PC <input type="checkbox"/> Capias	<input type="checkbox"/> AC <input type="checkbox"/> BW	<input type="checkbox"/> FW <input type="checkbox"/> PW
WITNESS	First Name	Middle	Last Name
	Street Address		City
			State

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:

On **01/10/2018**, at \_\_\_\_\_ (Specifically include facts constituting cause for arrest.)

**Tyrone Oxendine did actually and knowingly use intimidation or physical force, or did threaten Lucretia Saunders, or attempt to do so, or engage in misleading conduct toward Lucretia Saunders, or offer pecuniary benefit or gain to Lucretia Saunders, to wit: Tyrone Oxendine, did, or caused or induced another person, to withhold testimony, or withhold record, document or other object from an official proceeding, to wit: threatened by intimidation to make witness withhold information in regards to trust- pass, contrary to Florida Statute 914.22**

PROBABLE CAUSE STATEMENT 2

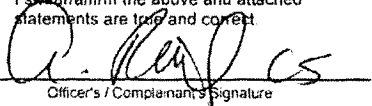
 **C5**  
 Officer's / Complainant's Signature

**A**                      **RAIL**                      **C5**  
 Name (Printed)                      ID NO.

**INCIDENT NARRATIVE**

On 01/10/2017 at approximately 8:30 I was dispatched to 627 Gunby Court, Crescent City, FL, in reference to a vehicle being vandalized. Once I arrived on scene I spoke with Lucretia Saunders. Lucretia stated that her vehicle had been vandalized sometime during the night. Lucretia stated that Tyrone Oxendine was trespassed from the property on 01/09/2017 and had made verbal threats that he was going to get her back. Lucretia stated that she did not see him do it but she has a strong feeling that it was him. I provided Lucretia with a case number to reference to her insurance.

<b>AGENCY REPORT NUMBER</b> 18-01-100024	<b>OFC. FIRST NAME</b> ASHLEY	<b>MIDDLE NAME</b>	<b>LAST NAME</b> RAIL	<b>BADGE NO</b> C5
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ADMINISTRATIVE			
ROUTED TO	REFERRED TO	ASSIGNED TO	ASSIGNED BY
CASE STATUS	ADULT / JUV	I swear/affirm the above and attached statements are true and correct	
JAIL NUMBER	OBTS NUMBER	 Officer's / Complainant's Signature	
CLEARANCE TYPE	DATE CLEARED	ASHLEY	RAIL C5
		Name(Printed)	ID NO.
		Sworn and subscribed before me, the undersigned authority this ____ day of _____, 20__	
		Signature of Person Administering Oath	
		Name(Printed)	Title

AGENCY REPORT NUMBER	OFC. FIRST NAME	MIDDLE NAME	LAST NAME	BADGE NO
18-01-10024	ASHLEY		RAIL	C5