

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

Arrest # _____

Bk # 20

~~10-2096~~
10-2095

Pg #1 of 2

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: FCSO		Agency Case Number: 74028-10	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# 18060775		UCR: _____	Date Arrested: 8/30/10
ADDRESS OF ARREST: 10 GARDEN ST. N				Arrested By: FINN	Time of Arrest: 08:06
DEFENDANT		Name (L.F.M.): VERDONE JR., GIUSEPPE		A.K.A.: _____	ID Number: 318
DOB: 10-01-91	Age: 18	Driver's Lic/ID No.: V635-280-91-361-0		State: FL	Year Expires: 2012
Height: 5-08	Weight: 185	Hair: BLACK	Eyes: BROW N	POB (City, St, Country): NEW YORK	
Scars, Marks, Tattoos: MULT. TATTS.		Business & Occupation: STUDENT		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Probation: Yes <input checked="" type="checkbox"/> No <input 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) 64 BANNERWOOD LN.		(CITY) PALM COAST		(STATE) FL	ZIPCODE 32137
Address-Local (STREET, APT. NUMBER) _____		(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 checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	
Total Charges: 2					
#1	Charge: POSS. OR DISCHARGE DESTRUCTIVE DEVICE AT BUS STOP	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 790.115	Citation No.: _____	Bond: \$500.00
#2	Charge: DISCHARGING ANY DESTRUCTIVE DEVICE	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 790.161	Citation No.: _____	Bond: \$500.00
#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 probable cause to believe the above named defendant, on the <u>30</u> day of <u>AUGUST</u> , 2010, at approximately <u>6:30</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. at <u>BIRD OF PARADISE DR. /BISCAYNE DR.</u> within _____ County, violated the law and did then and there:					
1) A person who exhibits any sword, sword cane, firearm, electric weapon or device, destructive device, or other weapon as defined in s. 790.001(13), including a razor blade, box cutter, or common pocketknife, except as authorized in support of school-sanctioned activities, in the presence of one or more persons in a rude, careless, angry, or threatening manner and not in lawful self-defense, at a school-sponsored event or on the grounds or facilities of any school, school bus, or school bus stop, or within 1,000 feet of the real property that comprises a public or private elementary school, middle school, or secondary school, during school hours or during the time of a sanctioned school activity.					
2) A person who willfully and unlawfully makes, possesses, throws, projects, places, discharges, or attempts to make, possess, throw, project, place, or discharge any destructive device.					
To wit, the above named subject was waiting at the bus stop at Bird of Paradise Dr. and Biscayne Dr. to be picked up by the school bus to be transported to Pathways high school. The subject was waiting at the bus stop with _____ and his mother, _____. The subject then took a plastic bottle and put tiolet bowl cleaner and aluminum foil into the bottle, and secured the cap. The subject then placed the bottle in the grass at the bus stop. In a few minutes the bottle exploded. _____ wrote a sworn statement regarding this incident. Post miranda warning, subject admitted to making and setting off the device. The subject was arrested and transported to the FCIF without 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"/>	
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>30</u> day of <u>AUGUST</u> , 2010.		I swear/affirm the above statements are correct and true.		Juve Disp	
Name: <u>Up. A. Heer</u> 375		OFFICER'S/COMPLAINANT'S SIGNATURE		CITATION No. _____	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME(PRINTED) FINN		ID NUMBER 318	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		Inmate Number & facility: _____		Rt Thumb	
Type of Identification: _____					
OFFICIAL USE ONLY					

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

☒ Arrest
☐ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case
Number:

Pg # 2 of 2

Defendant Name: GIUSEPPE VERDONE JR.				Agency Case Number: 74028-10			
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Age:	DOB:	SSN:	
Address (#, Street, City, State):			Zip: 32137	Home Phone:		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Bus/School Address:			Zip:	Bus. Phone:		Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:	
Address (#, Street, City, State):			Zip: 32137	Home Phone:		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Bus/School Address:			Zip:	Bus. Phone:		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:		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:		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:		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:		Phone:	
Relative/Contact Name:		Relative/Contact Address:		Phone:			

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
EXPLODED PLASTIC BOTTLE	8/30/10		
Owner(Name) GIUSEPPE VERDONE	(Address) 64 BANNERWOOD LN.	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
PIECE OF ALUMINUM FOIL	8/30/10		
Owner(Name) GIUSEPPE VERDONE	(Address) 64 BANNERWOOD LN.	(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: *[Signature]* ID Number: *318*

Agency: *FLSO*

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