

# 7th. Judicial Circuit 707 Charging Affidavit - FLAGLER

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

Blk # 21-1921

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: 2021 CF 000880
(ORI) FL: 0 1 8 0 0 0 0	Agency Name: Flagler County Sheriff's Office	Agency Case Number: 2021-00080002		
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OBTS# <u>1201060837</u>	UCR:	Date Arrested: 09/07/2021	Time of Arrest: 12:01
ADDRESS OF ARREST: 1166, FOREST PARK, ST, Bunnell, Florida, 32110			Arrested By: Boyd Jacob	ID Number: 944
<b>DEFENDANT</b> Name (L.F.N.): WEEKS J, DUANE, WILLIAM		A.K.A.:		Sex: Male Race: WHITE
DOB: 10/06/1980	Age: 40	Driver's Lic ID No.: W200179803660	State: Florida	Year Expires: 2019
Height: 6 03	Weight: 300	Hair: BROWN	Eyes: UNKNOWN	POB (City, St. Country):
Scars, Marks, Tattoos:	Business & Occupation:		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"/>	Deaf Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address-Mailing (Permanent) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE				
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE		6247 COUNTY RD 305 RD BUNNELL Florida 32110 (386)437-2815		
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 checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> Other <input type="checkbox"/>		Total Charges: 1
#1 Charge: BATTERY- PRIOR CONVICT BATT COMMIT 2ND SUB BATTERY	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 784.03.2	Citation No.:	Bond: None
#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.N.):	Race:	Sex:	DOB:	Age:
#2 NAME (L.F.N.):	Race:	Sex:	DOB:	Age:
<b>NARRATIVE</b> The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 7th day of September, 2021, at approximately 12:01 A.M. X P.M. at [redacted] within Flagler County, violated the law and did then and there.				
On September 7, 2021, at approximately 1013 hours, I, Deputy Boyd was dispatched to [redacted] in Bunnell in reference to a possible physical disturbance that was taking place.				
Upon my arrival, I came in contact with [redacted] who advised she was in a trailer house at the above residence with Duane Weeks and they got into an argument. [redacted] stated during the argument Duane grabbed her by her throat and began to choke her at which point she fell down. [redacted] then stated Duane again grabbed her by the throat and choked her causing her neck to hurt and her not be able to breathe. [redacted] had				
Supervisor Approved: Myers, Robert S. 09/07/2021				
<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	RELATIONSHIP TO JUVENILE	Juv. Disp. CITATION No.
Sworn to and subscribed before me, the undersigned This 7 day of 9, 2021.		I swear affirm the above statements are correct and true.		Re: Thumb
Name: [Signature]		[Signature] Boyd 944		OFFICER'S/COMPLAINANT'S SIGNATURE
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) ID NUMBER		
Type of Identification:		[Signature] Boyd 944		
<b>OFFICIAL USE ONLY</b>		Inmate Number & facility:		

707 - COURT COPY

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
 
 Adult  
 Juvenile

Court Case Number:

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Defendant Name: <b>WEEKS J, DUANE, WILLIAM</b>		Agency Case Number: <b>2021-00080002</b>	
Name (L,F,M): [REDACTED]			
Address (#, Street, City, State): [REDACTED]			
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: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus/School Address:	Zip:	Home Phone:	Statement Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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.

Dis Boyd  
Investigating Officer

944  
ID Number

FC500 JB  
Agency

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

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Defendant Name: \_\_\_\_\_ Agency Case Number: \_\_\_\_\_

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"/>	Total Charges:
#	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:

marks on her neck and upper chest consistent with someone being choked by a hand. [REDACTED] stated she was scratching and hitting trying to get away and was able to get out and leave to call the police. [REDACTED] filled out a sworn written statement and a willingness to prosecute form.

I made contact with Duane inside the trailer and he willingly came out and spoke to me. Duane stated [REDACTED] came into the camper and started arguing with him about a lock that was missing off of her house door. Duane stated at this point [REDACTED] punched him in the face and began to scratch his back and arm. Duane had scratch marks on his right arm and back and a small red spot under his right eye. Duane stated he was not willing to fill out a written statement at this time.

No witnesses that were on scene were willing to give any type of statement during the investigation.

Duane was subsequently placed under arrest for battery and after a Criminal History was run he was found to have 4 previous charges for battery. The first prior charge being from 10-30-2001 and Duane was convicted Guilty. The Uniform Case #182000CF000266XXXXX. Duane was transported to the Flagler County Inmate Facility without incident.

[REDACTED] filled out a victim's rights to confidentiality form which outlines Marsy's law. Photos were also taken of [REDACTED] and Duane and will be submitted into Aegis.

Taser Axon Body Camera footage will be uploaded in a timely manner.

Nothing further.

Sworn to and subscribed before me, the undersigned this <u>7</u> day of <u>9</u> , <u>2021</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: _____	<u>DIS Boyd</u> 944	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE <u>DIS Boyd</u>	
Type of Identification: _____	NAME (PRINTED) <u>DIS Boyd</u>	ID NUMBER <u>944</u>