

7th. Judicial Circuit 707
 Charging Affidavit - FLAGLER

Arrest # _____ Bk# 19-0458 Pg #1 of 4

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: 2019 CF 000368	
(ORD) FL: 0 1 8 0 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2019-00038292	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# 1901054683		Date Arrested: 04/24/2019	
ADDRESS OF ARREST: 520 Palm Coast Pkwy P.C. FL 32164		Arrested By: Williams Jason		Time of Arrest: 12:06	
DEFENDANT Name (L.F.M.): WILLFORD, JOHN, M		A.K.A.:		ID Number: 630	
DOB: 05/19/2000		Age: 18		Sex: Male	
Height: 5 11		Weight: 245		Race: WHITE	
Scars, Marks, Tattoos:		Hair: Blond or Strawberry		Eyes: Blue	
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-Residing Permanent (STREET, APT. NUMBER)		CITY		STATE	
Address-Local (STREET, APT. NUMBER)		CITY		STATE	
Address-Work (Employer/School) (STREET, APT. NUMBER)		CITY		STATE	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Total Charges: 3	
#1	Charge: BATTERY - ON SCHOOL PERSONNEL	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		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"/>		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"/>	
NARRATIVE		The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the 24th day of April, 2019, at approximately 12:06 A.M. X P.M. at 5500 SR 100 RD within Flagler County, violated the law and did then and there.			
On April 24, 2019 at approximately 12:06 PM while working as a School resource Deputy at Flagler Palm Coast High School I was requested to respond to Room 1-111 in reference to an assault that had just occurred.					
Upon my arrival I made contact with Assistant Principal Mike Rinaldi (V-1) who stated that he and two other teachers were just assaulted by John Willford (S-1 W/M DOB 5/19/00). Mr. Rinaldi stated that Para-specialist Jake Gambone (V-2) had asked John to stop using one of the I pads. Jake stated that John then grabbed a pen					
Supervisor Approved: Lowe, William B 04/25/2019					
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.					
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned		I swear affirm the above statements are correct and true.		Notar Public	
Name: [Signature]		OFFICER'S/COMPLAINANT'S SIGNATURE		CITATION No.	
Notary Public <input type="checkbox"/> Law Enforcement or Correctional Officer <input type="checkbox"/>		NAME (PRINTED)		ID NUMBER	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Jason Williams		630	
Type of Identification:		Inmate Number & Facility:		Rt Thumb	

Unofficial Document

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number

Pr #2 of 4

Defendant Name: WILLFORD, JOHN, M		Agency Case Number: 2019-00038292	
Name (L,F,M): GAMBONE, JAKE, T	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: WHITE	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address: 5500 SR 100 RD PALM COAST, Florida		Age: 20	DOB: 11/23/1998
Bus/School Address: 5500 SR 100 RD PALM COAST, Florida		Zip: 32164-	Home Phone: (386)437-7540
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): RHOADS, ROBERT, W		Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: WHITE
Address: 5500 SR 100 RD PALM COAST, Florida		Age: 41	DOB: 09/14/1977
Bus/School Address: 5500 SR 100 RD PALM COAST, Florida		Zip: 32164-	Home Phone: (386)437-7540
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): RINALDI, MIKE, P		Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: WHITE
Address: 5500 SR 100 RD PALM COAST, Florida		Age: 62	DOB: 02/23/1967
Bus/School Address: 5500 SR 100 RD PALM COAST, Florida		Zip: 32164-	Home Phone: (386)437-7540
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	SSN:
Relative/Contact Name:		Relative/Contact Address:	

Unofficial Document

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

Investigating Officer: J. Av ID Number: D/S 630 Agency: FCSO

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:
 Agency Case Number:
 2019-00038292

Defendant Name: WILLFORD, JOHN, M		Agency Case Number: 2019-00038292	
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:

and stabbed him in his shoulder. Jake stated that John tried to stab him again, but he blocked him and took the pen away. Jake stated that John then kicked him in his shins several times as well as struck him with a closed fist in the chest. Jake stated that he was able to block most of John's attempts to strike him.

I then spoke to Robert Rhoades (V-3) who is also a para-specialist. Robert stated that he was requested to assist Jake with John and his outburst. Robert stated that when he entered the room, John was hitting Jake and using profanity. Robert stated that he then walked up to John and tried to calm him down, to which John swung and hit him in the shoulder. Robert stated that he and Jake were able to finally restrain John and place him in a chair.

Mr. Rinaldi stated that as he entered the room to assist, he observed John being restrained by Robert and Jake. Mr. Rinaldi then stated that as he got closer he was also kicked in the knees.

It should be noted that when I arrived in the room, John was sitting in a chair breathing heavy and cursing profanity and racial slurs at the teachers. When I asked John to stop cursing, he turned his head to me and told me to 'Shut the Hell up'.

Mr. Rinaldi stated that John was then suspended and removed from the campus for his safety and the safety of the Teachers.

Mr. Rinaldi requested to pursue charges on John for battery on him and his staff, to which I signed charges on their behalf.

I provided Mr. Rinaldi, Robert and Jake with victims' rights information.

Axon video footage will be uploaded to aegis in a timely manner.

No further action at this time.

Sworn to and subscribed before me, the undersigned this <u>25</u> day of <u>4</u> , 20 <u>19</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u> (V-3)	<u>[Signature]</u> D/S # 630	
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	
Type of Identification:	NAME (PRINTED) <u>Jason Williams</u>	ID NUMBER <u>630</u>

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
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Adult
 Juvenile

Court Case Number:

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Defendant Name: WILLFORD, JOHN, M		Agency Case Number: 2019-00038292	
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"/>	
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:

Unofficial Document

Sworn to and subscribed before me, the undersigned this <u>22</u> day of <u>April</u> , 2019.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u> D/S* WSO	
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	
Type of Identification:	NAME(PRINTED) <u>Jason Williams</u>	ID NUMBER <u>6030</u>

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