

7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 3

ARREST NOTICE TO APPEAR AFFIDAVIT C.C. ADULT JUVENILE Court Case Number: 2019 310657 mm03

(ORI) FL: FL0640000 Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE Agency Case Number: 190012908

FCIC/NCIC Check? Yes No OBTS # _____ U.C.R.: _____ Date Arrested: _____ Time of Arrest: _____

ADDRESS OF ARREST (Street, City, State, Zip): _____ Arrested By: _____ ID Number: _____

DEFENDANT NAME (Last) (First) (Middle) A.K.A.: Sex: Race:

DEFENDANT MARCH CHRISTINA G _____ F W

DOB: 12-28-1986 Age: 32 Driver's Lic./ ID No.: _____ State: FL Year Expires: 2025 S.S.# - _____

Height: 5' 03 Weight: 175 Hair: BRO Eyes: BRO P.O.B. (City, State, Country): FL Statement: Yes No

Scars, Marks, Tattoos: _____ Business & Occupation: _____ Citizenship: Yes No

Probation: Yes No Sexual Predator: Yes No English: Yes No Deaf/Mute: Yes No

Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE
1324 BUCK LN NEW SMYRNA FL 32168 (305) 905-7679

Address - Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENCE PHONE

Address - Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE BUS/SCHOOL PHON

CHARGES DOMESTIC VIOLENCE? Yes Attachments: Affidavit(s)? Statement(s) NTA Schedule Report Traffic Infraction(s) DUI Total Charges: _____

#1 Charge: Stalking-Follow/Harass/Cyberstalk Another FEL MISD ORD FS/ORD: 784.048(2) Citation No.: _____ Bond: _____

#2 Charge: _____ FEL MISD ORD FS/ORD: _____ Citation No.: _____ Bond: _____

#3 Charge: _____ FEL MISD ORD FS/ORD: _____ Citation No.: _____ Bond: _____

CO-DEFENDANT Co-Def #1. Arrested? Y N Fel. Misd. Traf. Ord. NTA Co-Def #2. Arrested? Y N Fel. Misd. Traf. Ord. NTA

#1 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:

#2 NAME (Last) (First) (Middle) Race: Sex: DOB: Age:

NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 14 day of June, 2019, at approximately 0345 a.m. p.m. at 246 INDUSTRIAL PARK AV NEW SMYRNA within Volusia County, violated the law and did then and there:

1 ***BWC***

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3 On 06/14/2019, at approximately 1312 hours, Deputy Walsh responded to the New Smyrna Beach Police Department, located at 246 Industrial Park Ave., New Smyrna Beach, in reference to a cyberstalking complaint. Upon arrival, Deputy Walsh made contact with Cayla Bartolucci (V-1) who stated the following:

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7 She has been consistently harassed by a female by the name of, Cristina March (S-1), on Social Media since, January 3, 2019. Bartolucci was in charge of the City's Social Media account and March initially got upset that Bartolucci blocked her from the City of New Smyrna Beach Police Department's Twitter account, which Bartolucci advised she immediately corrected. Since that incident Bartolucci explained March has made hundreds of Social Media comments and posts about her, which were very aggressive in nature and contained foul language. Bartolucci advised these comments were also very hostile and aggressive. Bartolucci stated these online communications from March make her increasingly fearful for her and her husband.

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14 Bartolucci advised March stated in a comment she was, "Looking for me", at one of the city functions for Martin Luther King Day. March also reported Bartolucci to the FDLE for, "misusing police databases", and a formal investigation was conducted by an agent during her work day at the City of New

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NOTICE TO APPEAR MANDATORY APPEARANCE YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY 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 _____ JUVENILE DISP. _____ CITATION No. _____

Sworn to and subscribed before me, the undersigned this 14 day of June, 2019, I swear/affirm the above statements are correct and true

Name: [Signature] [Signature]

Notary Public Law Enforcement or Corrections Officer OFFICER'S/COMPLAINANT'S SIGNATURE

Personally Known Produced Identification WALSH, BRIAN 8605

Type of Identification: _____ NAME (PRINTED) ID NUMBER

Volusia

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:

PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. **Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court. (DO NOT MAIL CASH.)**

Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

- In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty or nolo contendere (no contest) .
- In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
- By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____ Date: _____
(First) (Middle) (Last)

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

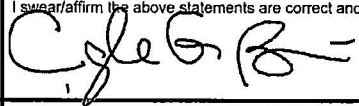
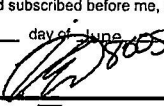
Court Case Number:

Page # 3 of 4

Defendant (Last) Name: MARCH
 (First) CHRISTINA
 (Middle) G
 Agency Case Number: 190012908

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"/>	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:	

16 Smyrna Beach. Bartolucci went on to explain how March had recently posted on a Social Media platform how she knew Bartolucci worked at the
 17 Corkscrew restaurant. Bartolucci stated she does not work there, but her husband does. This leads her to believe March is stalking her family.
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 19 Bartolucci advised she believes March is cyberstalking her and she is very concerned for her and her husbands safety and well-being. Bartolucci
 20 stated March seems to be mentally unstable and obsessed with her quest to keep Bartolucci in fear. Bartolucci went onto elaborate how she is
 21 currently seeking therapy to help with the, "emotional trauma." Bartolucci explained March has made her feel, "very unsafe and emotionally
 22 distraught." Bartolucci stated how this cyberstalking has been very emotionally exhausting and distracting for her.
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 24 Bartolucci advised she would like to pursue criminal charges and completed a written statement, which was turned in with this report. Bartolucci also
 25 provided Deputy Walsh with print outs of the hundreds of comments March had made. Deputy Walsh later placed them in evidence at the District
 26 Three South Office. Deputy Walsh completed this affidavit for Bartolucci and she signed it.

Sworn to and subscribed before me, the undersigned this <u>14</u> day of <u>June</u> , 2019	I swear/affirm the above statements are correct and true 	Right Thumb
Name: 	OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	WALSH, BRIAN	8605
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED)	ID NUMBER
Type of Identification:		

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) Name: MARCH		(First) CHRISTINA	(Middle) G	Agency Case Number: 190012908
Name: (Last) BARTOLUCCI	(First) CAYLA	(Middle) GAYLE	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/> Age: 32 DOB: 11-25-1986 SSN:
Address (#, Street, City, State): 516 PALMETTO ST NEW SMYRNA FL			Zip: 32168	Home: (903) 238-3226 Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:
Name: (Last)	(First)	(Middle)	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Bus: Phone:
Relative/Contact Name		Relative/Contact Address:		Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address) (Phone) Value			
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
BWC RECORDING	06-14-2019		
Owner Name (Last) (First) (Address) (Phone) Value			
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
PRINT OUTS OF COMMENTS	06-14-2019		
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.

WALSH, BRIAN
Investigating Officer



8605
ID Number

VC SO
Agency