## **VOLUSIA COUNTY SHERIFF'S OFFICE**

	Juvenile		Hate Crime					INCIE	DENT R	EF	PORT				Pag	e <u>1</u>	of	4Pages	
	Gang		_ ´	e / Exploitation									Agency Report Number 100014239						
	Domestic Violence VOR S - Spouse					ency ORI N	Number					Zone #	110001420		Telephone Ha	andled	1. Yes		
	Endangered / Other FL06											26			Call? (T.H.C.		2. No	2	
	Reported: Day	Date	Time (m	iil.) Time	Dispatched	(mil.)	Time	Arrived (m	il.) Time	Com	pleted (mil.)	Nature o	f Call (Report	Гуре)					
	Sunday	05-09-2		213			2142		0300		33				Assault/Ba				
	Incident Type: 1. Felony	<ol> <li>Misden</li> <li>Traffic</li> </ol>	9. (	Ordinance Other	Incident: Da From	´   `	ate	- 1	me (mil.)	$   _{T}$	Day	Date	,	Time (n	nil.)   O	ccurred Du - Day	uring: U - Unkno		
l ط	2. Traffic Felony Offense		meanor	mhor	Sunda	y   05	5-09-20°	10 21 Description	2130						N	- Night		N	
AT,	#1								tery Prsn. U	ses	Deadly W	/eapon					Attempted Committed	С	
	Statute Violation Number							Descripti								Α-	Attempted		
EVENT DATA	#2 Incident Location (Street, Apt. Number)								Cit						7:	C - (	Committed		
<u>                                   </u>	1165 S Blue L		iumber)						City		D				Zip 32724				
"	Business Name /			# Prem.		Drug Relat		Alcol	DELAND Alcohol Related Forced Entry		Arson-Inha	abited	32124	. /	Arson-Atten	npted .			
					(	). N/A 1.	Yes No 0	0. N/	A 1. Yes 2. No 0		1. Yes 3. A 2. No	Attempted	Occupie     Unoccu		Abandoned		1. Yes 2. No	;	
	Location Type	Location Typ						40.5	•				•	p.10 u					
		01.Residence 02.Apartmen		Convenience St Sas Station		permarket pt/Discour			mercial/Office				21.Airport 22.Bus/Rail Te	rminal	25.Parking Lo 26.Highway/F			lotor Vehicle ther Mobile	
	01	03.Residence		iquor Sales sar/Nightclub		ecialty Sto		15.Indu 16.Stora	strial/Mfg.		19.Jail/P		23.Construction 24.Other Structure 24.Other 24.Other Structure 24.Other 24.Other Structure 24.Other 2		27.Park/Woo 28.Lake/Wate		ld 88.U 99.O	nknown	
П	V/W Code	04.110161/10101	Victim/Subject			ess/Phone		10.500	age	Т	Race	ilous blug.	Sex		ence Type		tesidence S		
		-Next of Kin	0. N/A 1. Juvenile	Business     Governme		siness/Wo		Message	P. Pager	- 1		)-Oriental/Asian	M-Male	0. NA			0. N/A		
ုပ္သ	W-Witness O- R-Reporting Pers	-Other son	2. L.E. Officer	<ol><li>Church</li></ol>	C. Ce			Next of Kir Other	<ul> <li>S. School</li> <li>V. Vacation</li> </ul>	- 1 -	B-Black U I-American Ir	J-Unknown ndian	F-Female U-Unknown	1. City 2. Coι		2	1. Full Year 2. Par. Year		
CODES	Means of Attack		3. Adult	9. Other Extent	<u>l</u> of Injury								Domestic	Violence	Victim		. Non-Resi hip to Offer		
ŏ	F-Firearm		r Dangerous	00.N/A	03.	Laceration Unconscio			oss. Internal In	jury		sions/Bruises	1. Yes		S-Spouse P-Parent	e B-S	ibling ther Family	Z-Other	
	K-Knife/Cutting	Inst. H-Hand	s, rists, reet, E	02.Stat		Poss.Brok						sible Injury Serious Injury	2. No		C-Child		o-Habitant	/	
	Offense Indicate		W Code #	V. Type	Nature of	Call (for Vi	ctim, if dif	fferent fron	n Incident)	1	Name (Last/E	Business)	(	First)				(Middle)	
SS	2.#2	V	1	3							Gerard			arah				Elizabeth	
빙	Address (Street, A								City		Б	State	Zip	0.4		sidence Ph			
	1165 S Blue Lake Av Business/School/Other Address (Street, Apt. Number) City								State DEI	ANI	Zip	FL	327 Address T		(70 Business/Scho	6) 587-2 ool/Other P		Phone Type	
>	Flo-Met 810 Flightline Blvd DELAND						AND		FL		32724		В	(	386) 736-48	390		В	
Ë	Other Contact Info	o (Time Availa	ble, Interpreter,	etc.)				Sync	psis of Involve	ment	t								
VICTIM/WITNESS		Race	Sex	Date of Birth		Age	Ethnicit		Res. Type	Re	es. Status	Means of Attack	Extent of	Injury	Domestic Vi	iolence	Relations	ship	
	If Victim Type 1, 2, or 3	W	F	08-15-198	1	28	U	.,	2	1		0	10	,,	1		S		
	Offense Indicator 1. #1 3. Both		W Code #	V. Type	Nature of	Call (for Vi	ctim, if dif	fferent fron	n Incident)	1	Name (Last/E	Business)	(	First)				(Middle)	
SS	2. #2		2	3						_	Vines			ustin				Aaron	
ᄬ	Address (Street, A								City			State	Zip	2.4		sidence Ph			
	1410 Windy K Business/School/		(Street, Apt. Nu	umber)		City			DEL State	.AIVL	Zip	FL	327: Address T		(38) Business/Scho	6) 527-8 ol/Other Pl		Phone Type	
VICTIM/WITNESS																			
Ë	Other Contact Info (Time Available, Interpreter, etc.)							Sync	psis of Involve	ment	t								
2	IO C. C. T.	Race	Sex	Date of Birth		Age	Ethnicit		Res. Type	Re	es. Status	Means of Attack	Extent of	Injury	Domestic Vi	iolence	Relations	ship	
	If Victim Type 1, 2, or 3	W	M	04-20-1972	2	38	U		2	1				3. 3					
	Offense Indicator 1. #1 3. Both		W Code #	V. Type	Nature of	Call (for Vi	ctim, if dif	fferent fron	n Incident)	1	Name (Last/E	Business)	(	First)				(Middle)	
SS	2. #2	0	2	1							Furlington			ella				Reilley	
ᄬ	Address (Street, A								City DEL		D	State FL	Zip 327	24		sidence Ph 6) 587-2			
I≒	Business/School/		(Street, Apt. Nu	ımber)		City			State	.AINL	Zip	I L	Address T		Business/Scho			Phone Type	
{	Freedom Elen					DEL	AND		EL .		32724		В						
Ę	Other Contact Info	o (Time Availa	ble, Interpreter,	etc.)				Sync	psis of Involve	ment	t								
VICTIM/WITNESS	If Victim Type	Race	Sex	Date of Birth		Age	Ethnicit	<u>l</u> :y	Res. Type	Re	es. Status	Means of Attack	Extent of	Injury	Domestic Vi	iolence	Relations	ship	
Щ	1, 2, or 3	W	F	08-07-2001		8	U		2	1									
	Offense Indicator 1. #1 3. Both		W Code #	V. Type	Nature of	Call (for Vi	ctim, if dif	fferent fron	n Incident)	1	Name (Last/E	Business)	(	First)				(Middle)	
SS	2. #2		3	1							Gerard			ndre				Allen	
ᄬ	Address (Street, A	. ,							City			State	Zip 327:	24		sidence Ph			
	Business/School/		(Street, Apt. Nu	ımber)		City			DEL State	AINL	Zip	FL	Address T		Business/Scho	6) 587-2 ool/Other P		Phone Type	
\ \ \																			
Ę	Other Contact Info	o (Time Availa	ble, Interpreter,	etc.)				Sync	psis of Involve	ment	t								
VICTIM/WITNESS	KV C T	Race	Sex	Date of Birth		Age	Ethnicit		Res. Type	Re	es. Status	Means of Attack	Extent of	Iniury	Domestic Vi	iolence	Relations	ship	
	If Victim Type 1, 2, or 3	W	M	12-16-2007	,	2	U		2	1				3. 3					
	Offense Indicator 1. #1 3. Both		W Code #	V. Type	Nature of	Call (for Vi	ctim, if dif	fferent fron	n Incident)	1	Name (Last/E	Business)	(	First)				(Middle)	
SS	2. #2																		
빌	Address (Street, A	Apt. Number)							City			State	Zip		Res	sidence Ph	ce Phone		
	Business/School/	Other Address	(Street, Apt. Nu	ımber)		City			State		Zip		Address T	уре	Business/Scho	ol/Other F	hone	Phone Type	
VICTIM/WITNESS	Other Contact Info	o (Time Availa	ble, Interpreter,	etc.)				Sync	psis of Involve	ment	t								
	If Viotim Tyre -	Race	Sex	Date of Birth		Age	Ethnicit	<u> </u>	Res. Type	Re	es. Status	Means of Attack	Extent of	Injury	Domestic Vi	iolence	Relations	ship	
	If Victim Type 1, 2, or 3					"		•	,,,,,	"				, 3				r	

							ll.	NCII	DEN	TRE	POR	T (C	CONT.)					Page_	2	_ of	4 Pages
		nse Indicator	Subject Co			Code	# Subj.	Туре	Name (l	_ast)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	1. #1 2. #2	1	S-Suspect D-Defenda	ınt (Missir	ng Person)	D	1 3		Gerard				Joshua			Jam		W	М	U	
	l	e of Birth 20-1980	Age 29	To Age   F	leight	To Heigi	ht Weig	ht	To We	eight E	ye Color			Hair Color			Maio	den Name			
	_	kname / Street Name	129		Plac	e of Birth	- City	C	ounty		State	Em	ployer/Other/	School				Occupat	ion		
	ļ.,											Щ.									1
	l	t Known Address (Stre 5 S Blue Lake Av	et, Apt. Numi	ber)			City DELA	ND		State FL		Zip			Addres H	s Type	Phone	e   587-283	7		Phone Type
		er Address (Street, Apt	. Number)				City	IND		State		Zip			Addres	s Type	Phon				Phone Type
z	Driv	er's License State/Nur	mher			Socia	al Security No	ımher				Other	ID Number							D Type	
은	AL	7879157	ilbei				(XXXXXX	arribor				Other	ID INGINIDO							Б Турс	
SECTION	Clotl	hing (Describe)	,	,		,		,		Scars/Ma	rks/Tatto	os (Typ	e/Describe)			Scars/I	Marks/1	Tattoos (Typ	e/Descri	be)	
	Hair	Length /Style	/_	Skin /	Build		Facial Featu	ires			<u> </u>	Speech	/Voice [	Deformity					1	Glasses	
١ž		1 1	/					/		1			/		/		,	/			
<u>  SS</u>	If Su	ubject: Demeand	or Mask	· W	eapon Type	1	1			1	1			If Arrest		ubject Wa Custody	? 1	. Ýes	1. J	arrant Fro This Ager Other Age	om:
Σ.		Date of Last Contact	Da	ate of Emancipa	tion	Caution	Cautio	n Reas	on	<i></i>				Personal I	Habits (D	rugs / Alc		No  2	1 2. (	Jiner Age	ency I
SUBJECT / MISSING		May Be With:		Physical (	Condition:			Men	tal Cond	ition:			Doctor i	Vame <sup>.</sup>				Dentist Na	ime.		
腨	<u>ত</u>	_																	-		
SUB	SSING	Incident Type 1. Runaway		6. Disaster		Foul Pl			Miss	ing Before	?		Fingerprints Available?		Р	hoto Avail	lable?		Dental Availab		
	MIS	Parents     Involuntary		Victim 7. Voluntary		1. Yes			1. Ye	es			1. Yes		1.	. Yes			1. Yes		
	프	4. Disabled 5. Endangered		Adult 8. Unknown		2. No 8. Unk			2. No				2. No		2.	. No			2. No		
		o. Endangered		o. onknown		0. Olik	nown		7 0. 01	IKIOWII					-						
		l, person; and this age	nov hae my n	permission to an	tar this nared	(Print							(	Signature	e) certify	that I hav	e repo	rted the abo	ve perso	n as a m	issing
		nse Indicator	Subject Co	ode	ter triio peroc	Code	# Subj.	Туре	Name (l	_ast)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	1. #1 2. #2	!	S-Suspect D-Defenda		g Person)	<u> </u>															
	Date	e of Birth	Age	To Age   F	leight	To Heigi	ht Weig	ht	To We	eight E	ye Color			Hair Color			Maio	den Name			
	Nick	name / Street Name	•		Plac	e of Birth	- City		ounty		State	Em	ployer/Other/	'School				Occupat	ion		
	Last	t Known Address (Stre	et, Apt. Numl	ber)			City			State		Zip			Addres	s Type	Phon	e			Phone Type
	Othe	er Address (Street, Apt	Number)				City			State		Zip			Addres	s Type	Phone	Δ			Phone Type
_										Otate					Addres	з туре	1 HOH				Priorie Type
SECTION	Driv	er's License State/Nur	nber			Socia	al Security No	umber				Other	ID Number							D Type	
	Clotl	hing (Describe)				<u> </u>				Scars/Ma	rks/Tatto	os (Typ	e/Describe)			Scars/I	Marks/1	Tattoos (Typ	e/Descri	be)	
	Hair	Length /Style	/	Skin /	Build		Facial Featu	ires			<u> </u>	Speech	/Voice [	Deformity					1	Glasses	
AISSING		/ / Demeand	/ or Mask	. Lw				/		1			/		/	ubject Wa	ns Alres	<u>/</u>	1 W	arrant Fr	om:
SE	If Su	ubject: /	iviask	.   "	eapon Type	1	1			/	1			If Arrest		Custody	? 1	. Yes   . No	l 1. ī	This Ager Other Age	cv I
_		Date of Last Contact	Da	ate of Emancipa	tion	Caution	Cautio	n Reas	on					Personal I	Habits (D	rugs / Alc	ohol)				
SUBJECT		May Be With:		Physical (	Condition:			Men	tal Cond	ition:			Doctor I	Name:				Dentist Na	me:		
굨	ISSING	Incident Type				Foul P	lay		Miss	ing Before	?		Fingerprints		P	hoto Avail	lable?		Dental	Record	
S	SS	1. Runaway 2. Parents		Disaster     Victim		Suspe	cted?			9			Available?						Availab		
	Σ	Involuntary     A. Disabled		7. Voluntary Adult	ı	1. Yes 2. No		1	1. Ye		1		1. Yes 2. No	1		. Yes . No			1. Yes 2. No		1
	브	5. Endangered		8. Unknown		8. Unk	nown			nknown			2.140			. 140			2.110		
		I,				(Prin	ited)						(	Signature	e) certif	y that I h	ave re	ported the	above p	person a	s a missing
_		person; and this ag												-							
	1 2	On 05/09/10 wife.	at 2135h	rs Deputy	Mott was	s dispa	tched to	1165	S. BI	ue Lake	e Ave.	nea	r Deland	referen	ce a c	disturb	ance	betwee	n a hu	usband	d and
	3	wiie.																			
╛	4	While enroute																			
ΑĦ	5 6	(V1) was at a																			
NARRATIVE	7	poured gasol Gerard (V1) (																Small Ci	illaren	to car	1911.
₹	8	, ,																			
	9	When Deputy with Gerard (																			
	10 Fina		Case	e unveway	willo wa	is allile	eu wiiii a	guii.	AS D	eputy i	violi w	as ai	Tiving on	scene	a lew	Secon	us ia	iter ogt.	iviejia	S auvi	seu triere
Щ	Stat	tus: Statu	s Codes:	1.Arrest/Adult	2.Arrest	/Juv. 3	3.Exceptional	/Adult	4.Exc	eptional/Ju	v. 5.C	Closed	6.Unfound	ed		Victim Ad	vocate	□™	riad	SA	A Referral
}		DCF Hotline					Date:		Tin			4	/ NCIC Entry		Т.Т. В	BOLO		Date	:	By	:
STRATIV	_	CAC Spok necting Report Number	e With: Kin er Agen			Additiona	05-10 I Forms		024				/ NCIC Cance								
NS NS	-	14249	VCS	0		Attach		Narrati		SA 707	Pers	ons	Property		./Tow Sh	eet		Describe:			
ADMINIS		cer Reporting - Printed				Of	ficer Reporti	ng -   \$\frac{1}{2}	natyre Wildy	1				ID. Nu	mber		Unit			Date	2010
<		t, Joshua cer Reviewing - Printed	l (If Applicabl	le)		Of	ficer Review	g - Sig	nature (I	f Applicable	e)			1681 ID. Nur	nber		Unit			05-09-2 Date	2010
1	ı					- 1	ι	,						1			ı				

## **VOLUSIA COUNTY SHERIFF'S OFFICE**

					N	IARRATIVE	/ SUPPL	EMENT		Р	age 3	_ of4	_Pages		
Z	Report		Report Time	Orig. Reported Dat		(for Incident)	Agency Re	eport Number				1.Original	1		
<u> </u>	05-09-		to fired and reque	05-09-2010	33	2004	1000142	39				2.Supplement	1		
NAKKATIVE / CONTINUATION EVN	05-09- 11 v 1 12 13 14 15 16 17 18 19 20 1 12 22 23 24 25 26 17 18 29 20 18 20 20 18 20 20 18 20 20 18 20 20 20 20 20 20 20 20 20 20 20 20 20	were showere s	ts fired and requestival Deputy Mott of overing him and givening him and given as a second of the scene. Deputy the scene with scids during the day the scene with scids during the day the scene with the grange to grand (V1) are grand (V1) are grand (V1) are grand (V1) advised she with the scene of their house. The scene of the	osted rescue response version and tified as Gerard y Mott intercept outy Mott was a contract of the product of	spond emerge the male later id all commands. The commands observed her red (V1). Deputy the degrard (V1) able to calm Get the investigation of the investigation of the commercial (D1) also the arrived her of the didn't work the investigated the glatempted to stop in the commercial particle of the commercial particle	lentified as Gera running towards Mott ran to inter I) prior to her rea erard (V1) she re on of the shootin by VCSO Airone 1410 Windy Knon ngton, Bella (O2) ome Gerard (D1) rk she left with the Gerard (D1). Vo had caused sig ass door of the or p him from doing Gerard (V1) gr can, however Gr rd was identified a she signed for or lott could not obs and neck. Ver he had not obs and neck. Ver he second floor with for a telephone. eard three gunsh ved at the scene If a kayak on the on was lying on it oor and observed the oven door w the investigator re ese photographs If battery. Gerard	Interest of the served any on the Gerard (V1) on a domestic served any on the Gerard (V1) other shapens of the Gerard (V1) of the Ge	down in the rom the hou le shouting ene and phy eneighbor's Gee VCSO 1 of interviewe use adjacen, Andre (O3 and appearer give him tirlled into the age in the kind of the community of the entrance driveway. In the community of the community of the community of the community of the entrance driveway. The community of the community of the community of the entrance driveway. The community of the co	ise immediately for her to stop. ysically restrain house with the 10-14249.  In the location of the location of the local down driveway Geraitchen, by shatt D1) attempted by bushed her threw it away, by the face. Gerait license and contact the location at the Gerait license and contact the location at the Gerait license and contact the location at the Gerait license and contact licen	north of the Gerard (Need her as assistance)  ott.  f incident the advised shad Gerard (Need her as assistance)  ott.  f incident the advised shad Gerard (Need her as a shad on the shad as and the shad as a sha	he locatio /1) contin she was a e of the n to the nort he had be /1) attemp d (V1) retu pped" and however to written si secured a however to lence beca Wines a however to was stand advised he wards her  Mott notice was stand aluminum e floor adj tographs  dical Cen	ch. Gerard lend to the son the place of the divised her. When We as on the place of the son the place of the place	of to her of the shone a frame frame.		
- AIIVE	Final Ca Status:	F Hotline	Final Case Status Codes: 1.Arres  Spoke With: Kim 5333		Juv. 3.Exceptional  Date:	Time:	FCIC	6.Unfounded  / NCIC Entry / NCIC Cancel	T.T. BOLO	dvocate	Triad Date:	SA Refer	rral		
<u>S</u>		ting Report I	Number Agency		Additional Forms	Narrative SA 707	Persons	Property	Veh./Tow Sheet	Other Desci	ribe:				
Ī	10-142 Officer I	49 Reporting - F	VCSO Printed		Officer Reporting				D. Number	Unit		Date			
Ş	Mott, J				Officer Reporting - Staggardy 15. Number 16.1							05-09-2010			
4			Printed (If Applicable)		Officer Deviewi	ing - Egylettire (If Applica	able)		D. Number	Unit		Date			
					. //	, -		1		1					

## **VOLUSIA COUNTY SHERIFF'S OFFICE**

				NAR	RATIVE / S	UPPLEMENT		Page1_	of1Pages
EVNT	Report Date 05-10-2010	Report Time	Orig. Reported Date 05-09-2010	Nature of Call (for Incide	ent)	Agency Report Number 100014239			1.Original 2.Supplement 2
	On 05/09 Cotton re Inv. Cotto Inv. Cotton Cotton a Cotton	pl/2010, at 2209 ho equested that the Non was contacted I bital Inv. Cotton was rrived and made or moved but did not so to the staging are Krafft until a nurse ctile and the susperime Scene Unit.  Thours Inv. Cotton was in the waiting representation by Inv. Cotton was action by	Major Case on call by Sgt. Combs via so notified by Sgt. Sontact with Sgt. So that any state a. Inv. Cotton the advised that the pect's shorts were to was contacted by soom. At the time	ras contacted by the land on call Crime a telephone requesion and Departments before go en met with SA knowled over to him Sgt. Combs advisions.	ne Scene Unit besting that he diety were staged outy Jeffries whing into surgery Krafft and advised to be recoven. SA Krafft the sing that he coured the suspect	munications Center e notified and provert to Halifax Hoston the third floor of advised that the Inv. Cotton was each him of the findirered. Inv. Cotton are transported the all secure from the	ceeded to the sce spital to stand by various the waiting roor suspect was awa contacted by SA ags at the hospital accompanied SA be items to the Crime	ne. Upon arriving with the suspect. In near the Operat ke and alert and of Krafft of FDLE recat that time. Inv. Karfft to the Operate Scene to be turn	d shooting. Inv. g at the scene While enroute to ting room. Inv. complaining of questing Cotton stood by ating room where ned over to the
NARRATIVE / CONTINUATION									
	Final Case Status:	Final Case Status Codes: 1.Arrest	/Adult 2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounded	Victim Ad	vocate Triad	SA Referral
<b>ADMINISTRATIVE</b>	DCF Hotline	Spoke With:		Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:
IISTR	Connecting Report I			ional Forms ttached: Narrative	e SA 707	Persons Property	Veh./Tow Sheet	Other Describe:	
N	Officer Reporting - F	Printed		Officer Reporting - Sign	ature /		ID. Number	Unit 1E33	Date
₹	Cotton, Andrew Officer Reviewing -	Printed (If Applicable)		Officer Reviewing - Sign	nature (If Applicable)		2174 ID. Number	05-10-2010 Date	

7th. Judicial Circuit 707 Charging Affidavit - Volusia			Arre	est #	Bk #	Pg #	1_of_3_	
ARREST 🛛 NOTICE TO APPEAR 🗌 AFFIDA	AVIT C.C.	] ADULT⊠ J	UVENILE	Court Case Number:				
(ORI) FL: FL0640000 Agency Name	VOLUSIA COUNTY SH	HERIFF'S OFFICE		Agency Case Number: 1000	014239			
FCIC/NCIC Check? Yes No OBTS#			U.C.R:	Date Arrested: 05-10-20		Time of Arrest: 2142	2	
ADDRESS OF ARREST (Street, City, State, Zip): 1165 S Blue Lake Av DELAND	FL	32724	Arrested: By: Mo	ott,Joshua	10	ID Number: 168		
NAME (Last)	(First)	(Middle)	A.K.A.:	II,JOSHUA		Sex:	Race:	
DOB: Age: Driver's Lic./	Joshua	James	State:	Year	S.S.# -	M	<u> </u>	
05-20-1980 29 ID No.: 7879157  Height: Weight: Hair:	Eyes: P	P.O.B.	AL	Expires:	XXXXXX	XXXX	Statement:	
Scars, Marks,	(C	City, State, Country):					Yes No No Citizenship:	
Tattoos:  Probation:  Yes No Sexual Predator:	Yes No X	Occupation: English:	′es No		Deaf/Mute:	Yes No	Yes No 🗌	
Address - Mailing/Permanent (STREET, APT.		'	(CITY)	(STATE)	ZIP CODE	RES	SIDENCE PHONE	
1165 S Blue Lake Av Address - Local (STREET, APT.	NUMBER)		CITY)	FL (STATE)	37224 ZIP CODE		6) 587-2837 SIDENCE PHONE	
Address - Other (Employer/School) (STREET, APT.	NUMBER)		(CITY)	(STATE)	(STATE) ZIP CODE			
CHARGES DOMESTIC VIOLENCE? Yes Attachments	s: Affidavit(s)?	Statement(s) NT.	A Schedule	Report Traffic Info	fraction(s)	DUI Total Charge	<sub>jes:</sub> 1	
#1 Charge: Agg.Battery Prsn. Uses Deadly Weapon FEL	X MISD ☐ ORD ☐	FS/ORD: 784.045	(1)(A)2	Citation No.:		Bond: None		
#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	af. Ord. NTA	Co-Def #2.	Arrested? Y N	Fel. Misd.	Traf. Ord.	□ NTA □	
#1 NAME (Last) (First	it)	(Middle)	Race:	Sex:	DOB:		Age:	
#2 NAME (Last) (First	<i>t</i> )	(Middle)	Race:	Sex:	DOB:		Age:	
NARRATIVE The undersigned cert	tifies and swears that	there is probable	cause to belie	eve the above-name	ed defendant,			
on the09 day of May		, at approxi	mately	0930		🔀 p.m.		
at 1165 S Blue Lake Av DELAND	within Volusia	ia	Coı	unty, violated the lav	w and did then	n and there:		
1 On 05/09/10 at 2135hrs Deputy Mott was dispa 2	tched to 1165 S. Bl	lue Lake Ave. ne	ar Deland re	ference a disturba	ance between	n a husband a	and wife.	
3 While enroute Central Communications advised								
<ul> <li>4 was at a neighbor's house reporting her husbar</li> <li>5 gasoline on Gerard (V1) and threatened to kill h</li> </ul>								
6 updated 911 stating Gerard (D1) sent her a text							,	
7 8 When Deputy Mott was turning onto S. Blue La	ke Ave. from E. Ber	resford Ave. Sgt.	. Mejias arriv	ed and advised ov	ver the radio	he was in cor	ntact with	
<ul> <li>Gerard (D1) in the driveway who was armed wi</li> <li>shots fired and requested rescue respond emer</li> </ul>		ty Mott was arrivi	ing on scene	a few seconds lat	ter Sgt. Mejia	as advised the	ere were	
11								
12 Upon arrival Deputy Mott observed a white mal 13 Mejias covering him and giving him verbal com		Gerard (D1) fac	e down in the	e driveway with a s	shotgun adja	cent him, and	d Sgt.	
14		rarde Sat Maijas	from the ho	uso immediately r	earth of the la	ecation of inci-	dont This	
							uent. mis	
NOTICE TO APPEAR MANDATORY APPEARANCE	YOU NEED NOT APPE INSTRUCTIONS ON T				FINE, AND C	OSTS		
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFI BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE							₹	
						UVE ISP.		
		SIGNA	ATURE OF JUVEN	NILE PARENT OR CUSTO		ITATION		
SIGNATURE OF DEFENDANT	Date		RELATIONSHI	IP TO JUVENILE	1	<u>J.</u>		
Sworn to and subscribed before me, the undersigned	I swear/affirm the above sta	atements are correct and	d true			Rt Thumb		
this , , , , , Name:	1							
Notary Public Law Enforcement or Corrections Officer		OFFICER'S/C	COMPLAINANT'S S	IGNATURE	$\neg$			
Personally Known Produced Identification	MOTT,JOSHUA NAME (PRINTED)			1681 ID NUMBER	$\dashv$			
Type of Identification:								
OFFICIAL LISE ONLY	Inmate Number					_		

Na	arrative 707	'-B	Arrest		<b>X</b>						
Sı	upplement	_	☐ Affidavit☐ Notice to A	Annoar	Adult  Juvenile	Court	Case		5 "		
_	fendant (Last)		(First)	чрреаг	(Middle)	Numb			Page #	2 0	ot 3
	fendant <sup>(Last)</sup> me: Gerard		Joshua		James	Agency Cas Number:	e 100014239				
	CHARGES	DOMESTIC Voc	Attachments	· Affid		Statement(s)	NTA Schedule	Report	Traffic Infraction	(a) $\Box$	Total
	Charge:	VIOLENCE? Yes	FEL [	MISD		FS/ORD:	NTA Scriedule	Citation No.:	Trainc infraction	Bond:	Charges:
#				J							
#	Charge:		FEL _	MISD	ORD	FS/ORD:		Citation No.:		Bond:	
#	Charge:		FEL	MISD	ORD	FS/ORD:		Citation No.:		Bond:	
#				'							
16		dentified as Gerard (									
17 18		ott intercepted Gerar was able to calm Ge									
19	arter Deputy Mott	was able to call!! Ge	iaiu (v i <i>)</i> sii	e retui	nied to the i	leighbol s ho	use with the assi	starice or the	rieigribor, wirie:	s, Justii	1 (01).
20	Deputy Mott did no	ot play an active role	in the inves	tigatio	n of the sho	oting inciden	t. See VCSO 10	-14249.			
21	Corord (D1) was transported to Halifay Madical Contar by 1/000 Airana and was not interviewed by Denote Mat										
22 23											
24											
25	was waiting in her van with her two small children, Turlington, Bella (O2) and Gerard, Andre (O3). Gerard (V1) advised she had been at the beach										
26		g the day today.  Wh reason with him.  Wh									
27 28		g unpleasant text me									
29	the garage to the	ground. Gerard (D1)	also had ca	aused	significant d	amage in the	kitchen, by shat	tering a windo	w in the kitcher	and de	estroying its
30		1) also shattered the									
31		rard (V1) attempted vaived his cigarette a									
33		able to beat him to the									
34		se to call 911. Gera									
35 36	domestic abuse pa Gerard (V1).	amphlet which she si	igned for on	a dom	nestic violen	ce face shee	t. Deputy Mott s	secured a cons	sent to search o	of the re	sidence from
37	Gerard (VT).										
38	, ,	ed she was not injure		-		observe any	injuries on her.	Deputy Mott d	lid notice howev	er that	Gerard (V1)
39											
40 41											
42		house. The house									
43	•	rs, as their front door									
44 45		served Gerard (V1) bas waiting outside wi									
46		dent. The first police									
47											
48 49	Donuty Mott surve	eyed the location of ir	oidont and	notod	a kayak an	the driveway	at the entrance t	o the gerage	Donuty Mott no	otiond c	s cmall puddla
50		d of gasoline. A larg									
51	could see inside the	ne kitchen through th	is door and	observ	ved a large	quantity of sh	attered glass as	well as an alu	minum window		
52	floor. Inside the ki	itchen Deputy Mott n	oted the ove	en doo	r was shatte	ered, with a la	arge cooking pot	lying on the flo	oor adjacent it.		
53 54	Deputy Bourke res	sponded to the scene	e as a crime	scene	investigato	r reference th	ne shootina incide	ent and took d	ligital photograp	hs of th	ne scene.
55		provided a compact of									
56	Danish Mattaura	t1 O1 (D4)		4	h - 44 - 111 . O -	(D4) :			I IAI- NAI: I	<b>3</b> 4	
57 58	Deputy Mott arres	ted Gerard (D1) refe	rence aggra	valed	battery. Ge	rard (DT) is c	currently admitted	i into Hailiax r	realth Medical C	Jenter.	
59	Deputy Mott conta	cted the Department	t of Children	and F	amilies to p	rovide the inf	formation surroun	nding this incid	lent. Deputy Mo	ott społ	ke with
60	operator 5333.										
61 62	Case status is clos	sed, cleared by the a	rrest of an a	dult							
02		30u, 0.0u. 0u 2) u. 0 u									
C	in to and subscribed hafe.	no the undersianed	Т.	owos-!- '	firm the ab	atomonto arc	at and true			—	Dight Thumb
this	rn to and subscribed before m	ie, die undersigned		swear/at	mm me above sta	atements are correc	n anu true				Right Thumb
		,									
Nan						OEEIOEDIO/O	OMDI AINIANTIO OLONIAT	TUDE		_	
Nota	ary Public	Law Enforcement Officer	□ _			OFFICER'S/C	COMPLAINANT'S SIGNAT	IURE			
Pers	sonally Known	Produced Identification	n	мотт,Ј	IOSHUA			1681			
Turn	a of Identification:		H.	NAME (D	DINITED)			ID MUMBER		$\neg$	