

**7th Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____

Bk # _____

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: 0 6 4 0 6 0 0		Agency Name Edgewater Police Department		Agency Case Number 1103-0240	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR	Date Arrested 03/20/2011
ADDRESS OF ARREST: 3230 WOODLAND DR				Arrested By: ANDERSON, CHAD A.	ID Number 671
DEFENDANT		Name (L,F,M) ODGERS, CARA MIA		AKA	Sex: F Race: W
DOB: 03/29/1970	Age: 41	Driver's Lic./ID No.: 0326113706090	State: FL	Year Expires:	S.S. #:
Height: 502	Weight: 105	Hair: BROWN	Eyes: BROWN	P.O.B. (City, State, Country)	
Scars, Marks, Tattoos:		Business & Occupation: STUART MARCHMAN, Case Manager		Statement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Citizenship Yes <input checked="" type="checkbox"/> No <input 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"/>	
Address-Mailing/Permanent		(STREET, APT. NUMBER)		(CITY)	(STATE) ZIP CODE RESIDENCE PHONE
3230 WOODLAND DR, EDGEWATER, FL 32141					(386)
Address-Local		(STREET, APT. NUMBER)		(CITY)	(STATE) ZIP CODE RESIDENCE PHONE
Address-Other (Employer, School)		(STREET, APT. NUMBER)		(CITY)	(STATE) ZIP CODE BUS./SCHOOL PHONE
CHARGES		Domestic Violence YES <input checked="" 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"/> DUI <input type="checkbox"/> Total Charges: 1	
# 1	Charge: DOMESTIC VIOLENCE BATTERY	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 784.03-1A1	Citation No.:	Bond: NBA
# 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:
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>20</u> day of <u>March</u> , <u>2011</u> , at approximately <u>11:30</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>3230 WOODLAND DR</u> within, Volusia County, violated the law and did and there: Commit the crime of Domestic Violence Battery.			
Cara Mia Odgers did intentionally touch and strike Michael Odgers against his will. Cara Mia Odgers did cause bodily injury to Michael Odgers during the commission of the battery. Cara Mia Odgers and Michael Odgers are married and share two children in common. [REDACTED] live together as a family unit.					
On March 20, 2011 at approximately 2226 hours, I was dispatched to 3230 Woodland Drive in reference to domestic disturbance.					
Upon arrival, I made contact with Michael Odgers in the garage of the home. Michael advised					
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.		FINE, AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned this _____ day of _____		I swear/affirm the above statements are correct and true.			Rt Thumb
NAME:		OFFICER'S/COMPLAINANT'S SIGNATURE			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification _____		NAME (PRINTED)		ID NUMBER	
		ANDERSON, CHAD A.		671	
OFFICIAL USE ONLY		Inmate Number & Facility			

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice To Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: ODGERS, CARA MIA	Agency Case Number: 1103-0240
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
	* * * SEE PAGE 1 * * *				

me his wife Cara Mia Odgers had been drinking for the duration of the evening and she had become violent. Michael stated he was sitting on the couch located in the living room of the residence when Cara approached him and attempted to kiss him. Michael said Cara smelled of alcohol and he did not wish to kiss her. Michael said when he told Cara, he did not want her to kiss him; Cara stood up and began to scream at him. Michael said Cara then physically rushed at him in an attempt to attack him. Michael said he physically restrained Cara on the floor of the living room. Michael said when he got up off the floor of the living room Cara also got up and approached him at the bar located in the kitchen of the residence. Michael said Cara drew back and punched him in the right ear. Michael said Cara then followed him into the bedroom of the residence and ripped his pants off in another attempt to attack him. Michael completed and signed a sworn written statement in reference to the events which occurred on March 20, 2011.

I inspected Michael's body for signs of injury. Michael's right ear was red and swollen and was clearly different than the left ear. Michael had redness and swelling on the area of his neck located below his right ear also. Photographs were taken of Michael's injuries, burned to a CD and entered as evidence at the Edgewater Police Department.

I observed Michael's pants on the floor of the bedroom located on the south side of the residence. Michael's pants were ripped in a fashion which would suggest the pants were ripped from his body. I observed a glass on the counter had been broken and glass was spread all over the kitchen sink area. Photographs were taken of the scene, copied to a CD and entered as evidence at the Edgewater Police Department.

I made contact with Cara Odgers. Cara was in the bathroom of the residence and initially refused to exit the bathroom upon request of Sergeant Huggins. Cara eventually came out of the bathroom of the residence and sat on the bed. I detected the strong smell of alcoholic beverages emitting from Cara's facial area. Cara advised me nothing out of the ordinary had occurred on the evening of March 20, 2011 and that she did not know why I was at her residence. Cara repeatedly denied any incident of any kind had occurred inside the residence.

I made contact with [REDACTED] in a bedroom located on the north side of the residence. She advised me she heard a disturbance in the living room of the home. [REDACTED] said Cara and Michael engaged in a verbal dispute which consisted primarily of Cara yelling and screaming at Michael for no reason. [REDACTED] said she observed Cara and Michael on the floor of the residence.

Sworn to and subscribed before me, the undersigned this _____ day of _____	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 or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identifier <input type="checkbox"/>	NAME (PRINTED) ANDERSON, CHAD A.	ID NUMBER 671
Type of Identification _____		

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice To Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: ODGERS, CARA MIA	Agency Case Number: 1103-0240
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	Total Charges: 1

***** SEE PAGE 1 *****

Due to the evidence at hand and the testimony of [REDACTED], I determined Cara was the primary aggressor in this incident and probable cause was substantiated and an arrest was affected on Cara for Domestic Violence Battery.

Cara was placed in handcuffs, transported to the Edgewater Police Department for processing and was subsequently transported to the Volusia County Branch Jail with no bond allowed.

Due to the fact that children were present in the home when the event took place DCF was contacted, and operator Anthony# 914 advised he was taking a report.

No further action taken.

Sworn to and subscribed before me, the undersigned this _____ day of _____	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 or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) ANDERSON, CHAD A.	ID NUMBER 671
Type of Identification _____		

707-B

COURT COPY STATE ATTORNEY COPY LAW ENFORCEMENT COPY DEFENDANT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice To Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: ODGERS, CARA MIA				Agency Case Number: 1103-0240			
Name (L,F,M): ODGERS, MICHAEL LLOYD LEO		Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Age: 41	DOB: [REDACTED]	SSN: [REDACTED]
Address: (#, Street, City, State): 3230 WOODLAND DR, EDGEWATER, FL				Zip: 32141--	Home Phone: (386) [REDACTED]		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Business/School Address: 101E CANAL ST, NSB				Injury: Bruises/abbrasi	Vic/Def Relationship: HUSBAND		Business Phone: (386) 547-1084
Relative/Contact Name:			Relative/Contact Address:			Phone:	
Name (L,F,M): HUGGINS, TIMOTHY SGT		Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	SSN:
Address: (#, Street, City, State): 135 E PARK AV, EDGEWATER, FL				Zip: 32132	Home Phone: (386) 424-2000		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business/School Address:				Injury:	Vic/Def Relationship:		Business Phone:
Relative/Contact Name:			Relative/Contact Address:			Phone:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	SSN:
Address: (#, Street, City, State):				Zip:	Home Phone:		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business/School Address:				Injury:	Vic/Def Relationship:		Business Phone:
Relative/Contact Name:			Relative/Contact Address:			Phone:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	SSN:
Address: (#, Street, City, State):				Zip:	Home Phone:		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business/School Address:				Injury:	Vic/Def Relationship:		Business Phone:
Relative/Contact Name:			Relative/Contact Address:			Phone:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	SSN:
Address: (#, Street, City, State):				Zip:	Home Phone:		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business/School Address:				Injury:	Vic/Def Relationship:		Business Phone:
Relative/Contact Name:			Relative/Contact Address:			Phone:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	SSN:
Address: (#, Street, City, State):				Zip:	Home Phone:		Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business/School Address:				Injury:	Vic/Def Relationship:		Business Phone:
Relative/Contact Name:			Relative/Contact Address:			Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner's Name	Address:	Phone:	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner's Name	Address:	Phone:	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner's Name	Address:	Phone:	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner's Name	Address:	Phone:	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner's Name	Address:	Phone:	Value

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Investigating Officer

671

ID Number

Edgewater Police Department

Agency

707-A

COURT COPY
 STATE ATTORNEY COPY
 LAW ENFORCEMENT COPY
 DEFENDANT COPY