

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page _____ of _____ Pages

| | |
|---|---|
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Hate Crime |
| <input type="checkbox"/> Gang | <input type="checkbox"/> Elderly Abuse / Exploitation |
| <input type="checkbox"/> Domestic Violence | VOR _____ |
| <input type="checkbox"/> Endangered / Other | |

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| Agency Report Number 090036550 |
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| | | |
|---------------------------------------|---------------------|---|
| Agency ORI Number FL0640000 | Zone # 49 | Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2 |
|---------------------------------------|---------------------|---|

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|----------------------------------|---------------------------|----------------------------|---------------------------------------|------------------------------------|-----------------------|--|
| Reported: Day Thursday | Date 11-19-2009 | Time (mil.) 2229 | Time Dispatched (mil.) 2230 | Time Arrived (mil.) 2232 | Time Completed (mil.) | Nature of Call (Report Type) 33 Simple or Agg Assault/Battery(UCR class) |
|----------------------------------|---------------------------|----------------------------|---------------------------------------|------------------------------------|-----------------------|--|

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|--|--|--------------------------|---------------------------------------|---------------------------|----------------------------|----|------------------------|---------------------------|----------------------------|--|-------------------------|
| Incident Type: 1. Felony 2. Traffic Felony | 3. Misdemeanor 4. Traffic Misdemeanor | 5. Ordinance 9. Other | Incident: Day From Thursday | Date 11-19-2009 | Time (mil.) 2225 | TO | Day Thursday | Date 11-19-2009 | Time (mil.) 2229 | Occurred During: D - Day N - Night | U - Unknown N |
|--|--|--------------------------|---------------------------------------|---------------------------|----------------------------|----|------------------------|---------------------------|----------------------------|--|-------------------------|

| Offense #1 | Type | Statute Violation Number | Description | A - Attempted | C - Committed |
|------------|----------------------|----------------------------------|-------------|---------------|---------------|
| 3 | 784.03(1)(A)1 | Battery Touch/Strike | | | C |
| #2 | Type | Statute Violation Number | Description | A - Attempted | C - Committed |
| 1 | 843.01 | Resist Officer with Viol. | | | C |

| | | |
|--|------------------------|---------------------|
| Incident Location (Street, Apt. Number) 3288 LITTLE FIELD ST | City DELTONA | Zip 32738 |
|--|------------------------|---------------------|

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|---------------------------------|-----------------|--|---|---|---|---------------------------------|
| Business Name / Area Identifier | # Prem. Entered | Drug Related 0. N/A 1. Yes 2. No 0 | Alcohol Related 0. N/A 1. Yes 2. No 0 | Forced Entry 1. Yes 3. Attempted 2. No | Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied | Arson-Attempted 1. Yes 2. No |
|---------------------------------|-----------------|--|---|---|---|---------------------------------|

| Location Type | Location Type Codes |
|---------------|--|
| | 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle |
| | 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile |
| | 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown |
| | 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 99. Other |

| V/W Code | Victim/Subject Type | Address/Phone Type | Race | Sex | Residence Type | Residence Status |
|---|--|--|--|---------------------------|--|--|
| V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person | 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other | B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation | W-White O-Oriental/Asian B-Black U-Unknown I-American Indian | M-Male F-Female U-Unknown | 0. NA 1. City 2. County 3. Florida 4. Out-of-State | 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident |

| Means of Attack | Extent of Injury | Domestic Violence | Victim Relationship to Offender |
|--|--|-------------------|--|
| F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc. | 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury | 1. Yes 2. No | S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant |

| Offense Indicator | V/W Code | # | V. Type | Nature of Call (for Victim, if different from Incident) | Name (Last/Business) |
|------------------------------|----------|----------|----------|---|----------------------|
| 1. #1 3. Both 2. #2 1 | V | 1 | 3 | | FLOUNNOY TONY |

| | | | | |
|--|------------------------|--------------------|---------------------|-----------------|
| Address (Street, Apt. Number) 3288 LITTLE FIELD ST | City DELTONA | State FL | Zip 32738 | Residence Phone |
|--|------------------------|--------------------|---------------------|-----------------|

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|---|------|-------|-----|--------------|-----------------------------|------------|
| Business/School/Other Address (Street, Apt. Number) | City | State | Zip | Address Type | Business/School/Other Phone | Phone Type |
|---|------|-------|-----|--------------|-----------------------------|------------|

| | |
|--|-------------------------|
| Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement |
|--|-------------------------|

| If Victim Type 1, 2, or 3 | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship |
|---------------------------|----------|----------|-------------------|-----------|-----------|-----------|-------------|-----------------|------------------|-------------------|--------------|
| 2 | B | M | 05-07-1963 | 46 | N | 1 | 1 | H | 00 | 1 | H |

| Offense Indicator | V/W Code | # | V. Type | Nature of Call (for Victim, if different from Incident) | Name (Last/Business) |
|------------------------------|----------|----------|----------|---|----------------------|
| 1. #1 3. Both 2. #2 2 | V | 2 | 2 | | TURNEY JOEL |

| | | | | |
|--|-----------------------|--------------------|---------------------|--|
| Address (Street, Apt. Number) 123 W INDIANA AV | City DELAND | State FL | Zip 32724 | Residence Phone (386) 736-5999 |
|--|-----------------------|--------------------|---------------------|--|

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|---|------------------------|--------------------|---------------------|--------------------------|--|------------------------|
| Business/School/Other Address (Street, Apt. Number) 1200 DELTONA BLVD | City DELTONA | State FL | Zip 32725 | Address Type B | Business/School/Other Phone (386) 860-7030 | Phone Type B |
|---|------------------------|--------------------|---------------------|--------------------------|--|------------------------|

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|--|-------------------------|
| Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement |
|--|-------------------------|

| If Victim Type 1, 2, or 3 | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship |
|---------------------------|----------|----------|---------------|-----|-----------|-----------|-------------|-----------------|------------------|-------------------|--------------|
| 2 | W | M | | | N | | | H | 00 | 2 | |

| Offense Indicator | V/W Code | # | V. Type | Nature of Call (for Victim, if different from Incident) | Name (Last/Business) |
|------------------------------|----------|----------|----------|---|-----------------------|
| 1. #1 3. Both 2. #2 2 | V | 3 | 2 | | PARDEE CHARLES |

| | | | | |
|--|-----------------------|--------------------|---------------------|--|
| Address (Street, Apt. Number) 123 W INDIANA AV | City DELAND | State FL | Zip 32724 | Residence Phone (386) 736-5999 |
|--|-----------------------|--------------------|---------------------|--|

| | | | | | | |
|---|------------------------|--------------------|---------------------|--------------------------|--|------------------------|
| Business/School/Other Address (Street, Apt. Number) 1200 DELTONA BLVD | City DELTONA | State FL | Zip 32725 | Address Type B | Business/School/Other Phone (386) 860-7030 | Phone Type B |
|---|------------------------|--------------------|---------------------|--------------------------|--|------------------------|

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|--|-------------------------|
| Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement |
|--|-------------------------|

| If Victim Type 1, 2, or 3 | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship |
|---------------------------|----------|----------|---------------|-----|-----------|-----------|-------------|-----------------|------------------|-------------------|--------------|
| | W | M | | | N | | | H | 00 | 2 | |

| Offense Indicator | V/W Code | # | V. Type | Nature of Call (for Victim, if different from Incident) | Name (Last/Business) |
|---------------------|----------|---|---------|---|----------------------|
| 1. #1 3. Both 2. #2 | | | | | |

| | | | | |
|-------------------------------|------|-------|-----|-----------------|
| Address (Street, Apt. Number) | City | State | Zip | Residence Phone |
|-------------------------------|------|-------|-----|-----------------|

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|---|------|-------|-----|--------------|-----------------------------|------------|
| Business/School/Other Address (Street, Apt. Number) | City | State | Zip | Address Type | Business/School/Other Phone | Phone Type |
|---|------|-------|-----|--------------|-----------------------------|------------|

| | |
|--|-------------------------|
| Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement |
|--|-------------------------|

| If Victim Type 1, 2, or 3 | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship |
|---------------------------|------|-----|---------------|-----|-----------|-----------|-------------|-----------------|------------------|-------------------|--------------|
| | | | | | | | | | | | |

| Offense Indicator | V/W Code | # | V. Type | Nature of Call (for Victim, if different from Incident) | Name (Last/Business) |
|---------------------|----------|---|---------|---|----------------------|
| 1. #1 3. Both 2. #2 | | | | | |

| | | | | |
|-------------------------------|------|-------|-----|-----------------|
| Address (Street, Apt. Number) | City | State | Zip | Residence Phone |
|-------------------------------|------|-------|-----|-----------------|

| | | | | | | |
|---|------|-------|-----|--------------|-----------------------------|------------|
| Business/School/Other Address (Street, Apt. Number) | City | State | Zip | Address Type | Business/School/Other Phone | Phone Type |
|---|------|-------|-----|--------------|-----------------------------|------------|

| | |
|--|-------------------------|
| Other Contact Info (Time Available, Interpreter, etc.) | Synopsis of Involvement |
|--|-------------------------|

| If Victim Type 1, 2, or 3 | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship |
|---------------------------|------|-----|---------------|-----|-----------|-----------|-------------|-----------------|------------------|-------------------|--------------|
| | | | | | | | | | | | |

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

INCIDENT REPORT (CONT.)

| | | | | | | | | | | | |
|---|----------|--|-------------|---|----------------|--|--|--|--|-------------------------------------|-----------|
| Offense Indicator 1. #1 3. Both 2. #2 | | Subject Code S-Suspect V-Victim D-Defendant (Missing Person) | | Code # | Subj. Type | Name (Last) (First) (Middle) | | | Race | Sex | Ethnicity |
| Date of Birth 12-16-1961 | | Age 47 | To Age | Height 5' 07" | To Height | Weight 197 | To Weight | Eye Color BRO | Hair Color BLN | Maiden Name | |
| Nickname / Street Name | | | | Place of Birth - City | | County | State | Employer/Other/School | | Occupation | |
| Last Known Address (Street, Apt. Number) 3288 LITTLE FIELD ST | | | | City DELTONA | | State FL | Zip 32738 | Address Type H | Phone (386) 383-6398 | Phone Type C | |
| Other Address (Street, Apt. Number) | | | | City | | State | Zip | Address Type | Phone | Phone Type | |
| Driver's License State/Number FL P200-006-61-956-1 | | | | Social Security Number XXXXXXXXXX | | | Other ID Number | | ID Type | | |
| Clothing (Describe) | | | | | | Scars/Marks/Tattoos (Type/Describe) | | | Scars/Marks/Tattoos (Type/Describe) | | |
| Hair Length /Style | | Skin | Build | Facial Features | | Speech/Voice | Deformity | Glasses | | | |
| If Subject: | Demeanor | Mask | Weapon Type | | | If Arrested: | Subject Was Already in Custody? 1. Yes 2. No | | Warrant From: 1. This Agency 2. Other Agency | | |
| Date of Last Contact | | Date of Emancipation | | Caution | Caution Reason | | Personal Habits (Drugs / Alcohol) | | | | |
| May Be With: | | Physical Condition: | | Mental Condition: | | Doctor Name: | | Dentist Name: | | | |
| Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered | | 6. Disaster Victim 7. Voluntary Adult 8. Unknown | | Foul Play Suspected? 1. Yes 2. No 8. Unknown | | Missing Before? 1. Yes 2. No 8. Unknown | | Fingerprints Available? 1. Yes 2. No | | Photo Available? 1. Yes 2. No | |
| Dental Record Available? 1. Yes 2. No | | I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert. | | | | | | | | | |

SUBJECT / MISSING SECTION

IF MISSING

| | | | | | | | | | | | |
|---|----------|--|-------------|---|----------------|--|--|--|--|-------------------------------------|-----------|
| Offense Indicator 1. #1 3. Both 2. #2 | | Subject Code S-Suspect V-Victim D-Defendant (Missing Person) | | Code # | Subj. Type | Name (Last) (First) (Middle) | | | Race | Sex | Ethnicity |
| Date of Birth | | Age | To Age | Height | To Height | Weight | To Weight | Eye Color | Hair Color | Maiden Name | |
| Nickname / Street Name | | | | Place of Birth - City | | County | State | Employer/Other/School | | Occupation | |
| Last Known Address (Street, Apt. Number) | | | | City | | State | Zip | Address Type | Phone | Phone Type | |
| Other Address (Street, Apt. Number) | | | | City | | State | Zip | Address Type | Phone | Phone Type | |
| Driver's License State/Number | | | | Social Security Number | | | Other ID Number | | ID Type | | |
| Clothing (Describe) | | | | | | Scars/Marks/Tattoos (Type/Describe) | | | Scars/Marks/Tattoos (Type/Describe) | | |
| Hair Length /Style | | Skin | Build | Facial Features | | Speech/Voice | Deformity | Glasses | | | |
| If Subject: | Demeanor | Mask | Weapon Type | | | If Arrested: | Subject Was Already in Custody? 1. Yes 2. No | | Warrant From: 1. This Agency 2. Other Agency | | |
| Date of Last Contact | | Date of Emancipation | | Caution | Caution Reason | | Personal Habits (Drugs / Alcohol) | | | | |
| May Be With: | | Physical Condition: | | Mental Condition: | | Doctor Name: | | Dentist Name: | | | |
| Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered | | 6. Disaster Victim 7. Voluntary Adult 8. Unknown | | Foul Play Suspected? 1. Yes 2. No 8. Unknown | | Missing Before? 1. Yes 2. No 8. Unknown | | Fingerprints Available? 1. Yes 2. No | | Photo Available? 1. Yes 2. No | |
| Dental Record Available? 1. Yes 2. No | | I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert. | | | | | | | | | |

SUBJECT / MISSING SECTION

IF MISSING

1 ON 11-19-2009, AT APPROXIMATELY 2230 HOURS, DEPUTY PARDEE RESPONDED TO 3288 LITTLE FIELD ST IN REFERENCE TO A
2 REPORTED DISTURBANCE COMPLAINT. A FEMALE CALLER HAD TELEPHONED CENTRAL DISPATCH ON 911 ADVISING A MALE
3 SUBJECT NEEDED TO GET OUT OF HER HOUSE. THE FEMALE CALLER DISCONNECTED, AND UPON CALLING BACK, ADVISED THAT
4 SHE WAS IN A VERBAL ARGUMENT WITH A MALE SUBJECT NAMED "TONY" WHO WAS A CRIMINAL, THE FEMALE CALLER AGAIN
5 DISCONNECTED ON THE CALL TAKER. UPON ARRIVAL, DEPUTY PARDEE AND SGT. TURNEY HEARD A LOUD VERBAL ARGUMENT
6 INSIDE THE RESIDENCE. DEPUTY PARDEE KNOCKED ON THE FRONT DOOR, AND ENTERED INSIDE THE RESIDENCE AS THE
7 ARGUMENT INSIDE WAS VERY HEATED.
8
9 UPON ENTERING THE RESIDENCE, CONTACT WAS MADE WITH FLOUNNOY, TONY(V1). FLOUNNOY, WAS VERY UPSET AND YELLING
10 THAT HE HAD DONE NOTHING WRONG. DEPUTY PARDEE ASKED FLOUNNOY TO COME OUTSIDE, AND EXPLAIN WHAT WAS GOING

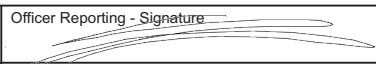
NARRATIVE

| | | | | | | |
|--|--|--|--|--------------------------------------|-------|-----|
| Final Case Status: 1 | Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded | <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Triad | <input type="checkbox"/> SA Referral | | |
| <input type="checkbox"/> DCF Hotline | Date: | Time: | <input type="checkbox"/> FCIC / NCIC Entry | <input type="checkbox"/> T.T. BOLO | Date: | By: |
| <input type="checkbox"/> CAC | Spoke With: | <input type="checkbox"/> FCIC / NCIC Cancel | | | | |
| Connecting Report Number | Agency | Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: | | | | |
| Officer Reporting - Printed Pardee, Charles | Officer Reporting - Signature | ID. Number 7081 | Unit | Date 11-19-2009 | | |
| Officer Reviewing - Printed (If Applicable) | Officer Reviewing - Signature (If Applicable) | ID. Number | Unit | Date | | |

ADMINISTRATIVE

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

| | | | | | | |
|--|---------------------|--|-------------------------------------|-----------------------------------|--------------------------------|--------------------|
| Report Date 11-19-2009 | Report Time 2229 | Orig. Reported Date | Nature of Call (for Incident) 33 | Agency Report Number 090036550 | 1.Original 2.Supplement 1 | |
| 11 ON. FLOUNNOY AGREED TO COME OUTSIDE WITH DEPUTY PARDEE, AND SGT. TURNEY REMAINED INSIDE THE RESIDENCE WITH 12 THE FEMALE CALLER, IDENTIFIED AS PEASE, ALLYSON(D1). 13 14 FLOUNNOY TOLD DEPUTY PARDEE HE HAD BEEN INSIDE THE MASTER BEDROOM ASLEEP, WHEN HIS LIVE-IN GIRLFRIEND 15 PEASE(D1) CAME HOME FROM WORK. FLOUNNOY ADVISED HE WAS WOKE UP WHEN HE HEARD PEASE YELLING FROM THE LIVING 16 ROOM, ABOUT THE LAUNDRY THAT HAD NOT BEEN FOLDED. FLOUNNOY STATED THAT PEASE(D1) ENTERED THE MASTER 17 BEDROOM, AND BEGAN TO YELL AT HIM FOR NOT HAVING THE CLOTHES FOLDED. FLOUNNOY ADVISED DEPUTY PARDEE THAT HE 18 HAD BEEN OUT JOGGING WITH THEIR SON, AND HAD NOT HAD A CHANCE TO FOLD THE CLOTHES. FLOUNNOY ADVISED PEASE(D1), 19 THE BEGAN YELLING AT HIM FOR HAVING ALL OF THE PILLOWS UNDERNEATH OF HIM AS HE WAS SLEEPING ON THE BED. 20 FLOUNNOY STATED THAT HE TOLD PEASE(D1) TO GO TO ANOTHER BEDROOM FOR PILLOWS, AND SHE BECAME EVEN MORE 21 UPSET. FLOUNNOY STATED TO DEPUTY PARDEE PEASE(D1) THEN TOOK A PLASTIC DRINKING CUP CONTAINING MILK FROM THE 22 NIGHTSTAND, AND THREW THE CUP AND IT'S CONTENTS AT HIM. FLOUNNOY STATED THE CUP STRUCK HIM IN THE HEAD, AND THE 23 MILK GOT ALL OVER HIM. FLOUNNOY SHOWED DEPUTY PARDEE THE DRIED MILK ON HIS ARMS AND TORSO (FLOUNNOY WAS NOT 24 WEARING A SHIRT DURING THE INCIDENT). 25 26 SGT. TURNEY HAD BEEN INSIDE THE RESIDENCE WITH PEASE(D1). PEASE(D1) HAD EXPLAINED TO SGT. TURNEY THAT AFTER SHE 27 ARRIVED HOME FROM WORK, SHE WAS EATING A PEANUT BUTTER AND JELLY SANDWICH IN HER BEDROOM. PEASE(D1) ADVISED 28 AS SHE AND FLOUNNOY GOT INTO A VERBAL ARGUMENT, SHE SPILLED THE MILK FROM HER GLASS. SGT. TURNEY OBSERVED NO 29 MILK ON HER SHIRT, OR ANYWHERE ELSE ON HER PERSONS. SGT. TURNEY OBSERVED MILK ON THE WALL, AND IN THE MASTER 30 BEDROOM, BUT IT DID NOT APPEAR TO HAVE BEEN SPILT. 31 32 SGT. TURNEY EXITED THE RESIDENCE AND SPOKE WITH FLOUNNOY. FLOUNNOY'S STORY REMAINED CONSISTENT, AND HE 33 SHOWED SGT. TURNEY WHERE HE HAD DRIED MILK ON HIS ARMS AND TORSO. SGT. TURNEY ENTERED BACK INTO THE 34 RESIDENCE, AND ADVISED PEASE(D1) OF FLOUNNOY'S STATEMENTS. PEASE(D1) BECAME ANGRY, AND STARTED SCREAMING AT 35 SGT. TURNEY. 36 37 DEPUTY PARDEE THEN ENTERED THE RESIDENCE AFTER HEARING PEASE(D1) YELL AT SGT. TURNEY. PEASE(D1) STATED, "FINE, 38 THEN TAKE ME TO JAIL". PEASE(D1) THEN TOOK AN AGGRESSIVE STANCE TOWARD DEPUTY PARDEE AND SGT. TURNEY. SGT. 39 TURNEY ADVISED PEASE(D1) SHE WAS UNDER ARREST, AND GRABBED HER BY HER RIGHT WRIST. DEPUTY PARDEE ATTEMPTED 40 TO PLACE A HAND CUFF ON PEASE'S(D1) LEFT WRIST. PEASE(D1) ATTEMPTED TO PUNCH DEPUTY PARDEE IN THE FACE WITH HER 41 FREE LEFT HAND, BUT WAS UNABLE TO REACH DEPUTY PARDEE. PEASE(D1) THEN PULLED HER ARMS INTO HER BODY AND 42 PHYSICALLY RESISTED ALL ACTIONS BY DEPUTY PARDEE AND SGT. TURNEY TO PLACE HER ARMS BEHIND HER BACK AS SHE WAS 43 BEING TOLD TO DO. 44 45 DEPUTY PARDEE AND SGT. TURNEY STRUGGLED WITH PEASE(D1), AND SHE WAS EVENTUALLY TAKEN DOWN TO THE FLOOR IN 46 THE LIVING ROOM. ONCE ON THE GROUND, PEASE(D1) STILL ATTEMPTED TO RESIST EFFORTS TO SECURE BOTH HER WRISTS IN 47 HANDCUFFS, AS SHE KEPT HER ARMS UNDERNEATH HER. ONCE PEASE(D1) WAS SECURED, DEPUTY PARDEE AND SGT. TURNEY 48 TOOK PEASE(D1) OUTSIDE THE RESIDENCE. WHILE WALKING TOWARD THE MARKED VOLUSIA COUNTY SHERIFF'S OFFICE PATROL 49 CAR PARKED IN THE ROADWAY, PEASE(D1) CONTINUED TO TRY AND PULL AWAY FROM DEPUTY PARDEE. ONCE SEATED IN THE 50 BACK SEAT OF THE PATROL CAR, DEPUTY PARDEE OBSERVED THE LEFT SIDE OF PEASE'S(D1) FACE HAD AN ABRASION AS A 51 RESULT OF THE STRUGGLE. SGT. TURNEY OFFERED PEASE(D1) THE OPPORTUNITY FOR MEDICAL CARE / TREATMENT, BUT SHE 52 REFUSED. 53 54 FLOUNNOY REFUSED TO COMPLETE A SWORN WRITTEN STATEMENT DETAILING THE INITIAL DISTURBANCE. DEPUTY PARDEE 55 ISSUED FLOUNNOY A DOMESTIC ABUSE PAMPHLET, HOWEVER HE REFUSED TO SIGN FOR IT. PEASE(D1) WAS SUBSEQUENTLY 56 TRANSPORTED TO THE VOLUSIA COUNTY BRANCH JAIL WITHOUT INCIDENT. 57 58 CASE STATUS: CLOSED / CLEARED ARREST ADULT | | | | | | |
| Final Case Status: 1 Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded | | | | | | |
| <input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral | | | | | | |
| <input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC Spoke With: _____ Date: _____ Time: _____ | | | | | | |
| <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel Date: _____ By: _____ | | | | | | |
| Connecting Report Number _____ Agency _____ Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____ | | | | | | |
| Officer Reporting - Printed Pardee, Charles | | Officer Reporting - Signature  | | ID. Number 7081 | Unit | Date 11-19-2009 |
| Officer Reviewing - Printed (If Applicable) | | Officer Reviewing - Signature (If Applicable) | | ID. Number | Unit | Date |

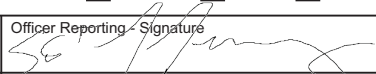
NARRATIVE / CONTINUATION

ADMINISTRATIVE

EVENT

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------------------------|-----------------------------------|--------------------|--------------|--------------------|-----------------------------|---|--|--------------------------------|--------------------------------------|--------------------------------------|-------------------------|--|------------------------------------|-----------------------|------------------------------|-------------------|---|--|--|
| EVENT | Report Date 11-19-2009 | Report Time 2230 | Orig. Reported Date 11-19-2009 | Nature of Call (for Incident) 33 | Agency Report Number 090036550 | 1.Original | 2.Supplement | 2 | | | | | | | | | | | | | | | |
| NARRATIVE / CONTINUATION | <p>1 On 11/19/2009, at approximately 2230 Hours, Sergeant Turney responded to 3288 Little Field Drive, Deltona, in reference to a family disturbance.</p> <p>2 Upon arrival, Sergeant Turney made contact with Pease, Alysson(D1), Flounnoy, Tony(V1), along with their four children. Pease and Flounnoy were involved in a heated verbal argument that could be heard from the street before walking to the residence.</p> <p>3</p> <p>4</p> <p>5 Once Pease and Flounney were separated, they gave conflicting statements of the incident. Flounney was observed to have dried liquid on him that he stated was milk. Flounney stated that Pease came home and was upset with him. Pease pulled two pillows out from under Flounney as he lay in bed. Pease then threw a hard plastic cup full of milk at him, striking him in the forehead with the cup and getting the contents all over him.</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 Sergeant Turney contacted Pease inside the residence. Pease was highly agitated and each time she started to give her account of the incident, she began shouting. Pease stated she was eating a sandwich and drinking a glass of milk. Pease stated that she raised the glass to take a sip and somehow the milk ended up all over the bedroom. When asked to explain in further detail of how this happened, Pease shouted at Sergeant Turney "If you don't believe me, then arrest me." Pease did state there was no physical contact made by Flounney.</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15 Pease's son, Pease, Tony, gave a completely different account than Pease and Flounney, stating that Pease was upset and slammed the cup down on the nightstand in the bedroom, which caused the milk to be thrown around the room.</p> <p>16</p> <p>17</p> <p>18 Flounney maintained a consistent story about what happened. When Pease was contacted a second time, she began screaming at Sergeant Turney about how he was accusing her of lying. Pease walked out into the living room of the residence, where the four children were. Sergeant Turney determined that Pease was the primary aggressor in the incident and made the decision to place her under arrest. Sergeant Turney attempted to get Pease to walk outside so as not to arrest her in front of her children. Pease refused and continued to scream at Sergeant Turney. Deputy Pardee entered the room also, and Sergeant Turney took hold of Pease's left wrist as she faced him. Pease was told that she was under arrest. Pease began immediately screaming and pulling away from Sergeant Turney. Her children immediately began screaming and crying and trying to get between Pease and the deputies inside the residence. Pease spun her back to Sergeant Turney, at which time he took hold of her right wrist and attempted to get her hand behind her back. Deputy Pardee was now facing Pease. Pease took her free left hand, balled up a fist, and attempted to punch Deputy Pardee in the face, but missed his face with her fist. Flounnoy began shouting at his children to back away from deputies and not to interfere. Flounnoy had to physically remove the children away from Deputy Pardee and Sergeant Turney several times.</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29 Pease continued to violently resist, screaming the entire time. Pease was guided to the tile floor of the living room with an approved arm bar take down. Sergeant Turney at this time radioed for more units to respond to the scene due to the violent struggle going on and the volatile situation with Pease's children and Flounnoy. After several more moments of physical struggle, Pease was secured with handcuffs behind her back.</p> <p>30</p> <p>31</p> <p>32 Sergeant Turney noticed several scratches on his right forearm that he sustained during the struggle. Pease was helped to her feet and an attempt was made to remove her from the house. Pease continued to scream and tried to pull away from Deputy Pardee to walk back into the residence. Pease was given several loud verbal commands to walk outside the residence, but ignored them and continued to try to enter the residence again. While being pulled from the residence toward the patrol vehicle, Pease and Deputy Pardee lost their footing and began to fall down on the concrete walkway outside the front door of the residence. When Pease was brought to the patrol vehicle, it was observed that she sustained scratches to her cheek and chin, most likely from the fall in front of the residence. Pease refused any medical treatment for her injury and stated she would take of it when she got out of jail. Sergeant Turney did not require medical attention for the scratches he sustained on his arm.</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41 Lieutenant Bosco was made aware of the incident. Sergeant Turney took no further action and Pease was transported to the Branch Jail.</p> | | | | | | | | | | | | | | | | | | | | | | |
| ADMINISTRATIVE | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Final Case Status: <u>1</u></td> <td style="border: none;">Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded</td> <td style="border: none;"><input type="checkbox"/> Victim Advocate</td> <td style="border: none;"><input type="checkbox"/> Triad</td> <td style="border: none;"><input type="checkbox"/> SA Referral</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DCF Hotline</td> <td style="border: none;">Date: _____ Time: _____</td> <td style="border: none;"><input type="checkbox"/> FCIC / NCIC Entry</td> <td style="border: none;"><input type="checkbox"/> T.T. BOLO</td> <td style="border: none;">Date: _____ By: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CAC</td> <td style="border: none;">Spoke With: _____</td> <td style="border: none;"><input type="checkbox"/> FCIC / NCIC Cancel</td> <td colspan="2" style="border: none;"></td> </tr> </table> | | | | | | | | Final Case Status: <u>1</u> | Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded | <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Triad | <input type="checkbox"/> SA Referral | <input type="checkbox"/> DCF Hotline | Date: _____ Time: _____ | <input type="checkbox"/> FCIC / NCIC Entry | <input type="checkbox"/> T.T. BOLO | Date: _____ By: _____ | <input type="checkbox"/> CAC | Spoke With: _____ | <input type="checkbox"/> FCIC / NCIC Cancel | | |
| Final Case Status: <u>1</u> | Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded | <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Triad | <input type="checkbox"/> SA Referral | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> DCF Hotline | Date: _____ Time: _____ | <input type="checkbox"/> FCIC / NCIC Entry | <input type="checkbox"/> T.T. BOLO | Date: _____ By: _____ | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CAC | Spoke With: _____ | <input type="checkbox"/> FCIC / NCIC Cancel | | | | | | | | | | | | | | | | | | | | | |
| Connecting Report Number _____ Agency _____ | | Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____ | | | | | | | | | | | | | | | | | | | | | |
| Officer Reporting - Printed Turney, Joel | | | Officer Reporting - Signature  | | | ID. Number 2509 | Unit 1D40 | Date 11-25-2009 | | | | | | | | | | | | | | | |
| Officer Reviewing - Printed (If Applicable) | | | Officer Reviewing - Signature (If Applicable) | | | ID. Number | Unit | Date | | | | | | | | | | | | | | | |

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

Arrest # _____ Bk # _____ Pg # _____ of _____

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------|--|----------------------|--|
| 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: FL0640000 | | Agency Name: VOLUSIA COUNTY SHERIFF'S OFFICE | | Agency Case Number: 090036550 | | FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | OBTS # | | U.C.R.: | | Date Arrested: 11-19-2009 | | Time of Arrest: 2249 | |
| ADDRESS OF ARREST (Street, City, State, Zip): 3288 LITTLE FIELD ST DELTONA FL 32738 | | | | | | | | Arrested: By: Pardee, Charles | | | | ID Number: 7081 | | | |
| DEFENDANT | | NAME (Last): PEASE | | (First): ALLYSON | | (Middle): F | | A.K.A.: | | Sex: F | | Race: W | | | |
| DOB: 12-16-1961 | | Age: 47 | | Driver's Lic./ID No.: P200-006-61-956-1 | | State: FL | | Year Expires: 2009 | | S.S.# - XXXXXXXXX | | | | | |
| Height: 5' 07" | | Weight: 197 | | Hair: BLN | | Eyes: BRO | | P.O.B. (City, State, Country): LITTLETOWN CT | | Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Scars, Marks, Tattoos: | | Business & Occupation: GREAT CLIPS | | HAIR DRESS | | 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"/> | | Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | |
| Address - Mailing/Permanent (STREET, APT. NUMBER): 3288 LITTLE FIELD ST | | (CITY): DELTONA | | (STATE): FL | | ZIP CODE: 32738 | | RESIDENCE PHONE: (386) 383-6398 | | | | | | | |
| 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 checked="" type="checkbox"/> | | Traffic Infraction(s) <input type="checkbox"/> | | DUI <input type="checkbox"/> | | Total Charges: 2 | |
| #1 | Charge: Battery Touch/Strike | FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/> | | FS/ORD: 784.03(1)(A)1 | | Citation No.: | | Bond: NONE | | | | | | | | | |
| #2 | Charge: Resist Officer with Viol. | FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> | | FS/ORD: 843.01 | | Citation No.: | | Bond: 2500 | | | | | | | | | |
| #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 (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 19 day of November, 2009, at approximately 1029 a.m. p.m.

at 3288 LITTLE FIELD ST DELTONA within Volusia County, violated the law and did then and there:

1 ON 11-19-2009, AT APPROXIMATELY 2230 HOURS, DEPUTY PARDEE RESPONDED TO 3288 LITTLE FIELD ST IN REFERENCE TO A
 2 REPORTED DISTURBANCE COMPLAINT. A FEMALE CALLER HAD TELEPHONED CENTRAL DISPATCH ON 911 ADVISING A MALE SUBJECT
 3 NEEDED TO GET OUT OF HER HOUSE. THE FEMALE CALLER DISCONNECTED, AND UPON CALLING BACK, ADVISED THAT SHE WAS IN A
 4 VERBAL ARGUMENT WITH A MALE SUBJECT NAMED "TONY" WHO WAS A CRIMINAL, THE FEMALE CALLER AGAIN DISCONNECTED ON
 5 THE CALL TAKER. UPON ARRIVAL, DEPUTY PARDEE AND SGT. TURNEY HEARD A LOUD VERBAL ARGUMENT INSIDE THE RESIDENCE.
 6 DEPUTY PARDEE KNOCKED ON THE FRONT DOOR, AND ENTERED INSIDE THE RESIDENCE AS THE ARGUMENT INSIDE WAS VERY
 7 HEATED.
 8
 9 UPON ENTERING THE RESIDENCE, CONTACT WAS MADE WITH FLOUNNOY, TONY(V1). FLOUNNOY, WAS VERY UPSET AND YELLING
 10 THAT HE HAD DONE NOTHING WRONG. DEPUTY PARDEE ASKED FLOUNNOY TO COME OUTSIDE, AND EXPLAIN WHAT WAS GOING ON.
 11 FLOUNNOY AGREED TO COME OUTSIDE WITH DEPUTY PARDEE, AND SGT. TURNEY REMAINED INSIDE THE RESIDENCE WITH THE
 12 FEMALE CALLER, IDENTIFIED AS PEASE, ALLYSON(D1).
 13
 14 FLOUNNOY TOLD DEPUTY PARDEE HE HAD BEEN INSIDE THE MASTER BEDROOM ASLEEP, WHEN HIS LIVE-IN GIRLFRIEND PEASE(D1)
 15 CAME HOME FROM WORK. FLOUNNOY ADVISED HE WAS WOKE UP WHEN HE HEARD PEASE YELLING FROM THE LIVING ROOM, ABOUT

| | | | |
|-------------------------|---|--|-------------------------|
| 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"/> | 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 | JUVE DISP. | CITATION No. |
| SIGNATURE OF JUVENILE PARENT OR CUSTODIAN | | | | | |

| | | | | | |
|--|--|--|--|-----------|--|
| Sworn to and subscribed before me, the undersigned this _____ day of _____, _____, Name: | | I swear/affirm the above statements are correct and true | | Rt Thumb | |
| Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> | | OFFICER'S/COMPLAINANT'S SIGNATURE | | | |
| Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> | | PARDEE, CHARLES R | | 7081 | |
| Type of Identification: _____ | | NAME (PRINTED) | | ID NUMBER | |

OFFICIAL USE ONLY

Inmate Number & Facility:

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # of

| | | | | | | | | |
|------------------------------|---------|---|---|---------------------------------------|---------------------------------------|---------------------------------|--|----------------|
| Defendant Name: PEASE | | (Last) | (First) | (Middle) | Agency Case Number: 090036550 | | | |
| Name: ALLYSON | | F | | | | | | |
| 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: | |

16 THE LAUNDRY THAT HAD NOT BEEN FOLDED. FLOUNNOY STATED THAT PEASE(D1) ENTERED THE MASTER BEDROOM, AND BEGAN
17 TO YELL AT HIM FOR NOT HAVING THE CLOTHES FOLDED. FLOUNNOY ADVISED DEPUTY PARDEE THAT HE HAD BEEN OUT JOGGING
18 WITH THEIR SON, AND HAD NOT HAD A CHANCE TO FOLD THE CLOTHES. FLOUNNOY ADVISED PEASE(D1), THE BEGAN YELLING AT
19 HIM FOR HAVING ALL OF THE PILLOWS UNDERNEATH OF HIM AS HE WAS SLEEPING ON THE BED. FLOUNNOY STATED THAT HE TOLD
20 PEASE(D1) TO GO TO ANOTHER BEDROOM FOR PILLOWS, AND SHE BECAME EVEN MORE UPSET. FLOUNNOY STATED TO DEPUTY
21 PARDEE PEASE(D1) THEN TOOK A PLASTIC DRINKING CUP CONTAINING MILK FROM THE NIGHTSTAND, AND THREW THE CUP AND IT'S
22 CONTENTS AT HIM. FLOUNNOY STATED THE CUP STRUCK HIM IN THE HEAD, AND THE MILK GOT ALL OVER HIM. FLOUNNOY SHOWED
23 DEPUTY PARDEE THE DRIED MILK ON HIS ARMS AND TORSO (FLOUNNOY WAS NOT WEARING A SHIRT DURING THE INCIDENT).
24
25 SGT. TURNEY HAD BEEN INSIDE THE RESIDENCE WITH PEASE(D1). PEASE(D1) HAD EXPLAINED TO SGT. TURNEY THAT AFTER SHE
26 ARRIVED HOME FROM WORK, SHE WAS EATING A PEANUT BUTTER AND JELLY SANDWICH IN HER BEDROOM. PEASE(D1) ADVISED AS
27 SHE AND FLOUNNOY GOT INTO A VERBAL ARGUMENT, SHE SPILLED THE MILK FROM HER GLASS. SGT. TURNEY OBSERVED NO MILK
28 ON HER SHIRT, OR ANYWHERE ELSE ON HER PERSONS. SGT. TURNEY OBSERVED MILK ON THE WALL, AND IN THE MASTER
29 BEDROOM, BUT IT DID NOT APPEAR TO HAVE BEEN SPILT.
30
31 SGT. TURNEY EXITED THE RESIDENCE AND SPOKE WITH FLOUNNOY. FLOUNNOY'S STORY REMAINED CONSISTENT, AND HE
32 SHOWED SGT. TURNEY WHERE HE HAD DRIED MILK ON HIS ARMS AND TORSO. SGT. TURNEY ENTERED BACK INTO THE RESIDENCE,
33 AND ADVISED PEASE(D1) OF FLOUNNOY'S STATEMENTS. PEASE(D1) BECAME ANGRY, AND STARTED SCREAMING AT SGT. TURNEY.
34
35 DEPUTY PARDEE THEN ENTERED THE RESIDENCE AFTER HEARING PEASE(D1) YELL AT SGT. TURNEY. PEASE(D1) STATED, "FINE,
36 THEN TAKE ME TO JAIL". PEASE(D1) THEN TOOK AN AGGRESSIVE STANCE TOWARD DEPUTY PARDEE AND SGT. TURNEY. SGT.
37 TURNEY ADVISED PEASE(D1) SHE WAS UNDER ARREST, AND GRABBED HER BY HER RIGHT WRIST. DEPUTY PARDEE ATTEMPTED TO
38 PLACE A HAND CUFF ON PEASE'S(D1) LEFT WRIST. PEASE(D1) ATTEMPTED TO PUNCH DEPUTY PARDEE IN THE FACE WITH HER FREE
39 LEFT HAND, BUT WAS UNABLE TO REACH DEPUTY PARDEE. PEASE(D1) THEN PULLED HER ARMS INTO HER BODY AND PHYSICALLY
40 RESISTED ALL ACTIONS BY DEPUTY PARDEE AND SGT. TURNEY TO PLACE HER ARMS BEHIND HER BACK AS SHE WAS BEING TOLD
41 TO DO.
42
43 DEPUTY PARDEE AND SGT. TURNEY STRUGGLED WITH PEASE(D1), AND SHE WAS EVENTUALLY TAKEN DOWN TO THE FLOOR IN THE
44 LIVING ROOM. ONCE ON THE GROUND, PEASE(D1) STILL ATTEMPTED TO RESIST EFFORTS TO SECURE BOTH HER WRISTS IN
45 HANDCUFFS, AS SHE KEPT HER ARMS UNDERNEATH HER. ONCE PEASE(D1) WAS SECURED, DEPUTY PARDEE AND SGT. TURNEY
46 TOOK PEASE(D1) OUTSIDE THE RESIDENCE. WHILE WALKING TOWARD THE MARKED VOLUSIA COUNTY SHERIFF'S OFFICE PATROL
47 CAR PARKED IN THE ROADWAY, PEASE(D1) CONTINUED TO TRY AND PULL AWAY FROM DEPUTY PARDEE. ONCE SEATED IN THE
48 BACK SEAT OF THE PATROL CAR, DEPUTY PARDEE OBSERVED THE LEFT SIDE OF PEASE'S(D1) FACE HAD AN ABRASION AS A RESULT
49 OF THE STRUGGLE. SGT. TURNEY OFFERED PEASE(D1) THE OPPORTUNITY FOR MEDICAL CARE / TREATMENT, BUT SHE REFUSED.
50
51 FLOUNNOY REFUSED TO COMPLETE A SWORN WRITTEN STATEMENT DETAILING THE INITIAL DISTURBANCE. DEPUTY PARDEE
52 ISSUED FLOUNNOY A DOMESTIC ABUSE PAMPHLET, HOWEVER HE REFUSED TO SIGN FOR IT. PEASE(D1) WAS SUBSEQUENTLY
53 TRANSPORTED TO THE VOLUSIA COUNTY BRANCH JAIL WITHOUT INCIDENT.
54
55 CASE STATUS: CLOSED / CLEARED ARREST ADULT
56
57
58
59

| | | | |
|--|--|--|-------------|
| Sworn to and subscribed before me, the undersigned this _____ day of _____, _____, Name: | | I swear/affirm the above statements are correct and true | Right Thumb |
| Notary Public <input type="checkbox"/> | Law Enforcement Officer <input type="checkbox"/> | OFFICER'S/COMPLAINANT'S SIGNATURE | |
| Personally Known <input type="checkbox"/> | Produced Identification <input type="checkbox"/> | PARDEE, CHARLES R | 7081 |
| Type of Identification: | | NAME (PRINTED) | ID NUMBER |