

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input checked="" type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR <u>S - Spouse</u>		Agency Report Number 110026555											
Agency ORI Number FL0640000				Zone # 24		Telephone Handled 1. Yes 2. No 2									
Reported: Day Saturday		Date 09-03-2011		Time (mil.) 2327		Time Dispatched (mil.) 2328		Time Arrived (mil.) 2333		Time Completed (mil.)		Nature of Call (Report Type) 33S Simple or Agg Assault/Battery-Spouse(UCR)			
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Saturday		Date 09-03-2011		Time (mil.) 2327		TO Day Date Time (mil.)		Occurred During: D - Day U - Unknown N - Night N	
Offense #1 3		Type 3		Statute Violation Number 784.03(1)(A)1		Description Battery Touch/Strike						A - Attempted C - Committed C			
Offense #2		Type		Statute Violation Number		Description						A - Attempted C - Committed			
Incident Location (Street, Apt. Number) XXXXXXXXXXXX				City DELAND				Zip 32720							
Business Name / Area Identifier		# Prem. Entered		Drug Related 0. N/A 1. Yes 2. No 2		Alcohol Related 0. N/A 1. Yes 2. No 1		Forced Entry 1. Yes 3. Attempted 2. No 2		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied		Arson-Attempted 1. Yes 2. No			
Location Type 01		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other													

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident	
Means of Attack F-Firearm K-Knife/Cutting Inst. O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 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		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant		Z-Other					

Offense Indicator 1. #1 2. #2 3. Both 1		V/W Code # V 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Fernandez-Stott		Name (Last/Business) (First) (Middle) Rosa M				
Address (Street, Apt. Number) XXXXXXXXXX				City State Zip DELAND 32720		Residence Phone XXXXXXXXXX						
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 Wife of D1								
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 08-07-1965	Age 46	Ethnicity H	Res. Type 2	Res. Status 1	Means of Attack H	Extent of Injury 09	Domestic Violence 1	Relationship S

Offense Indicator 1. #1 2. #2 3. Both 1		V/W Code # O 1		V. Type 3		Nature of Call (for Victim, if different from Incident) Fernandez		Name (Last/Business) (First) (Middle) Maria R				
Address (Street, Apt. Number) XXXXXXXXXXXXXXXXXXXX				City State Zip DELAND FL 32720		Residence Phone XXXXXXXXXX						
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 Mother of V1								
If Victim Type 1, 2, or 3		Race W	Sex F	Date of Birth 04-09-1936	Age 75	Ethnicity H	Res. Type 2	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship

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

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

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	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		
	1		D 1	3	Stott Michael W	W	M	H		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name			
	07-05-1955	56	6' 00"	220	HAZ	WHI				
	Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation		
						MA	VCSSO	Law Enforc		
	Last Known Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone		
	XXXXXXXXXXXXXXXXXX			DELAND	FL	32720	H	XXXXXXXXXX		
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone		
	123 W Indiana Ave			DELAND	FL	32720	H			
	Driver's License State/Number		Social Security Number		Other ID Number		ID Type			
	FL XXXXXXXXXXXX		XXXXXXXXXX							
	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?	Warrant From:		
							1. Yes 2. No	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	6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered	7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No	1. Yes 2. No	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	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		
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone		
	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?	Warrant From:		
							1. Yes 2. No	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	6. Disaster Victim		Foul Play Suspected?		Missing Before?		Fingerprints Available?	Photo Available?	Dental Record Available?
	1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered	7. Voluntary Adult 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No 8. Unknown		1. Yes 2. No	1. Yes 2. No	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.									

1 On 09-03-2011 at approximately 2327 hours, Deputy Bainbridge responded to XXXXXXXXXXXX, DeLand, in reference to a domestic disturbance. Upon arrival, Deputy Bainbridge met with Rosa M. Fernandez-Stott (V1) who advised the following:

2

3

4 Fernandez-Stott advised she and her husband of approximately seven (7) years, Michael W. Stott (D1), had been consuming alcohol on the evening of 09-03-2011 with a group of individuals. Fernandez-Stott stated, during the gathering, Stott accused Fernandez-Stott of being flirtatious with an unknown 22 year old male. Fernandez-Stott stated Stott had become jealous since her recent cosmetic surgery.

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6

7

8 Fernandez-Stott advised after the gathering, Stott continued his jealousy and started a verbal argument in the back yard of their residence.

9 Fernandez-Stott stated the argument became physical when Stott pushed her to the ground, causing an abrasion to her right knee. Deputy

10 Bainbridge observed the abrasion and photographed her injury and later submitted the photograph into evidence via the District Two evidence

ADMINISTRATIVE	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
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel	Date: By:
	Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit
	Bainbridge, Kyle			7391	1C26
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit
					Date
					09-03-2011

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 09-03-2011	Report Time 2327	Orig. Reported Date 09-03-2011	Nature of Call (for Incident) 33S	Agency Report Number 110026555	1.Original	2.Supplement	1
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NARRATIVE / CONTINUATION

11 locker. Fernandez-Stott stated Stott's behavior was not his typical behavior but she was afraid due to Stott's actions and stated, "I don't want to die tonight".

12

13

14 Deputy Bainbridge met with Maria R. Fernandez (O1), the mother of Fernandez-Stott, who advised she was inside the residence when the argument took place, but did not actually witness any physical altercation. Fernandez stated Stott and Fernandez-Stott were outside and after the alteration, Stott stormed in the residence using profanity. Stott also pushed a table within the residence, lashing out, causing Fernandez to be fearful. Fernandez provided a sworn written statement, detailing the incident.

17

18

19 Deputy Bainbridge met with Stott who walked towards Deputies, stating, "I'm ready to go to jail". Stott confirmed he and Fernandez-Stott had been consuming alcohol throughout the evening and also confirmed he was upset with Fernandez-Stott's flirtatious behavior. Stott stated the two were involved in a verbal argument, but he did not physically touch Fernandez-Stott.

22

23 Stott advised he went outside of the residence to avoid further confrontation and Fernandez-Stott followed him. Stott stated he suffered minor abrasions to the left side of his neck during the altercation. Stott stated, "she (Fernandez-Stott) came at me". When Stott was advised of Fernandez-Stott's abrasion to her left knee, Stott stated, "she must have got that from blowing the guy". Deputy Bainbridge noticed small abrasions to Stott's neck and photographed the injuries. The photographs were later submitted into evidence via the District Two evidence locker.

27

28 Deputy Bainbridge's investigation led to the determination Stott was the primary aggressor of the incident. After learning Stott was being arrested for simple battery (domestic violence) based on the statements and evidence at hand, Fernandez-Stott refused to provide a sworn written statement regarding the incident, but rather completed a statement advising she did not wish to pursue charges against Stott. Deputy Bainbridge provided Fernandez-Stott with a Florida domestic violence legal rights and remedies pamphlet in which she signed for. EVAC was called to the scene and treated Fernandez-Stott and Stott for their injuries on scene; both refused transport to the hospital.

33

34 Deputy Bainbridge notified his supervisor, Sergeant Maddox, of the incident. Stott was arrested and Deputy Bainbridge completed an SA7-07 against Stott for simple battery (DV). Stott was transported to the VCBJ without incident.

36

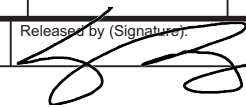


37 Case status: Closed / Cleared arrest - Adult.

Final Case Status: <u>1</u> <input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded Spoke With: _____ Date: _____ Time: _____ <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral
Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____	
Officer Reporting - Printed Bainbridge, Kyle	Officer Reporting - Signature 	ID. Number 7391
Officer Reporting - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	Unit 1C26
		Date 09-03-2011

ADMINISTRATIVE

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

THEFT EVENT	Report Date	Report Time	Original Incident Date	Nature of Call (for Incident)	Agency Report Number	1. Original					
	09-03-2011	2327	09-03-2011	33S	110026555	2. Supplement <u>1</u>					
THEFT	Type Theft	Type Theft Codes									
	00	00. N/A	02. Robbery	04. Pocket Picking	06. Embezzlement	08. From Public Access Bldg.	09. From Vehicle	11. By Computer	13. Bicycle	99. Other	
CODES	Person Code	Person Involvement Code		Status Code:							
	V-Victim	N-Next of Kin	1. Finder	1. Evidence	5. Lost	8. Found	12. Stolen And Recovered	16. Vehicle Inventory Prop.			
	S-Suspect	O-Other	2. Owner	2. Damaged Prop.	6. Recovered	9. Found/Contraband	13. Disposal	17. Baker Act			
D-Defendant	R-Reporting Party	3. Suspect	3. Arson/Burned	7. Recovered (Outside Agency Recovered)	10. Prisoner's Pers.Prop.	14. Prop. Of Deceased	18. Seized/Confiscated				
W-Witness		4. Other	4. Photo & Release		11. Stolen	15. Return to Owner	19. Abandoned				
DRUG CODES	Category Code	E-Equipment/Measuring Devices/Tools		I-Items of Identification			V.Viewing Equip (Binoculars)				
	B. Bicycle	F-Furniture and Furnishings		J-Special Docs/Food Stamps/Tickets			W.Well-drilling Equipment				
	C. Camera/Photo Equipment	G-Games and Gambling Apparatus		K-Keepsakes and Collectibles			Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)				
	D-Data Processing Equipment	H-Household Appliance/Housewares		L. Livestock			P.Personal Accessories				
DRUG CODES	Activity	D. Deliver		Z. Other			Unit				
	P. Possess	E. Use		A. Amphetamine			1. Gram				
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
					1	1	Y	OTHER	Photographs of V1 and D1's injuries.		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code	#	Pers. Invl.	Item #	Status	Category	Article	Description		
PROPERTY	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value	
				\$						\$	
PROPERTY	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value
											\$
PROPERTY	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
	1	09-04-2011	0055	Dep K Bainbridge				D2 evidence locker			
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
		Evidence									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
CHAIN OF CUSTODY	Leave Blank:	Reason for Change:									
ADMIN.	Officer Reporting - Printed	Officer Reporting - Signature			ID. Number	Unit	Date				
	Bainbridge, Kyle				7391	1C26	09-03-2011				
ADMIN.	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				
											

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

Arrest # _____ Bk # _____ Pg # 1 of 3

<input checked="" type="checkbox"/> ARREST		<input type="checkbox"/> NOTICE TO APPEAR		<input type="checkbox"/> AFFIDAVIT		<input type="checkbox"/> C.C.		<input checked="" type="checkbox"/> ADULT		<input type="checkbox"/> JUVENILE		Court Case Number:			
(ORI) FL: <u>FL0640000</u>		Agency Name: <u>VOLUSIA COUNTY SHERIFF'S OFFICE</u>		Agency Case Number: <u>110026555</u>		FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		U.C.R.:		Date Arrested: <u>09-04-2011</u>		Time of Arrest: <u>0009</u>	
ADDRESS OF ARREST (Street, City, State, Zip): <u>1535 S Ridgewood Ave DELAND FL 32720</u>						Arrested By: <u>Bainbridge, Kyle</u>				ID Number: <u>7391</u>		Sex: <u>M</u>		Race: <u>W</u>	
DEFENDANT		NAME (Last): <u>Stott</u>		(First): <u>Michael</u>		(Middle): <u>W</u>		A.K.A.:		Sex: <u>M</u>		Race: <u>W</u>			
DOB: <u>07-05-1955</u>		Age: <u>56</u>		Driver's Lic./ ID No.: <u>XXXXXXXXXX</u>		State: <u>FL</u>		Year Expires:		S.S.# - <u>XXXXXXXXXX</u>					
Height: <u>6' 00</u>		Weight: <u>220</u>		Hair: <u>WHI</u>		Eyes: <u>HAZ</u>		P.O.B. (City, State, Country): <u>MA</u>		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Scars, Marks, Tattoos:		Business & Occupation: <u>VC SO Law Enforc</u>		Citizenship: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
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): <u>XXXXXXXXXXXX</u>		(CITY): <u>DELAND</u>		(STATE): <u>FL</u>		ZIP CODE: <u>32720</u>		RESIDENCE PHONE: <u>XXXXXXXXXX</u>							
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 checked="" type="checkbox"/>		NTA Schedule <input type="checkbox"/>		Report <input checked="" type="checkbox"/>		Traffic Infraction(s) <input type="checkbox"/>		DUI <input type="checkbox"/>		Total Charges: <u>1</u>	
#1	Charge: <u>Battery Touch/Strike</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <u>784.03(1)(A)1</u>		Citation No.:		Bond: <u>No Bond</u>									
#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 (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 03 day of September, 2011, at approximately 1127 a.m. p.m. at XXXXXXXXXXXXXXXXXXXXXXXXX DELAND within Volusia County, violated the law and did then and there:

1 Touch/strike the victim against her will. At the time of incident, the defendant and victim had been married for approximately seven (7) years, and
 2 lived together as a family unit.
 3
 4 On 09-03-2011 at approximately 2327 hours, Deputy Bainbridge responded to XXXXXXXXXXXX, DeLand, in reference to a domestic
 5 disturbance. Upon arrival, Deputy Bainbridge met with Rosa M. Fernandez-Stott (V1) who advised the following:
 6
 7 Fernandez-Stott advised she and her husband of approximately seven (7) years, Michael W. Stott (D1), had been consuming alcohol on the evening
 8 of 09-03-2011 with a group of individuals. Fernandez-Stott stated, during the gathering, Stott accused Fernandez-Stott of being flirtatious with an
 9 unknown 22 year old male. Fernandez-Stott stated Stott had become jealous since her recent cosmetic surgery.
 10
 11 Fernandez-Stott advised after the gathering, Stott continued his jealousy and started a verbal argument in the back yard of their residence.
 12 Fernandez-Stott stated the argument became physical when Stott pushed her to the ground, causing an abrasion to her right knee. Deputy
 13 Bainbridge observed the abrasion and photographed her injury and later submitted the photograph into evidence via the District Two evidence locker.
 14 Fernandez-Stott stated Stott's behavior was not his typical behavior but she was afraid due to Stott's actions and stated, "I don't want to die tonight".
 15

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		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	
						RELATIONSHIP TO JUVENILE	
						JUVE DISP.	
						CITATION No.	

Sworn to and subscribed before me, the undersigned this <u>04</u> day of <u>September</u> , <u>2011</u> , Name:		I swear/affirm the above statements are correct and true		Rt Thumb	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		<u>BAINBRIDGE, KYLE</u>		<u>7391</u>	
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 # 2 of 3

Defendant (Last) Name: Stott	(First) Michael	(Middle) W	Agency Case Number: 110026555
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 Deputy Bainbridge met with Maria R. Fernandez (O1), the mother of Fernandez-Stott, who advised she was inside the residence when the argument
 17 took place, but did not actually witness any physical altercation. Fernandez stated Stott and Fernandez-Stott were outside and after the altercation,
 18 Stott stormed in the residence using profanity. Stott also pushed a table within the residence, lashing out, causing Fernandez to be fearful.
 19 Fernandez provided a sworn written statement, detailing the incident.
 20
 21 Deputy Bainbridge met with Stott who walked towards Deputies, stating, "I'm ready to go to jail". Stott confirmed he and Fernandez-Stott had been
 22 consuming alcohol throughout the evening and also confirmed he was upset with Fernandez-Stott's flirtatious behavior. Stott stated the two were
 23 involved in a verbal argument, but he did not physically touch Fernandez-Stott.
 24
 25 Stott advised he went outside of the residence to avoid further confrontation and Fernandez-Stott followed him. Stott stated he suffered minor
 26 abrasions to the left side of his neck during the altercation. Stott stated, "she (Fernandez-Stott) came at me". When Stott was advised of
 27 Fernandez-Stott's abrasion to her left knee, Stott stated, "she must have got that from blowing the guy". Deputy Bainbridge noticed small abrasions to
 28 Stott's neck and photographed the injuries. The photographs were later submitted into evidence via the District Two evidence locker.
 29
 30 Deputy Bainbridge's investigation led to the determination Stott was the primary aggressor of the incident. After learning Stott was being arrested for
 31 simple battery (domestic violence) based on the statements and evidence at hand, Fernandez-Stott refused to provide a sworn written statement
 32 regarding the incident, but rather completed a statement advising she did not wish to pursue charges against Stott. Deputy Bainbridge provided
 33 Fernandez-Stott with a Florida domestic violence legal rights and remedies pamphlet in which she signed for. EVAC was called to the scene and
 34 treated Fernandez-Stott and Stott for their injuries on scene; both refused transport to the hospital.
 35
 36 Deputy Bainbridge notified his supervisor, Sergeant Maddox, of the incident. Stott was arrested and Deputy Bainbridge completed an SA7-07 against
 37 Stott for simple battery (DV). Stott was transported to the VCBJ without incident.

Sworn to and subscribed before me, the undersigned this <u>04</u> day of <u>September</u> , 2011, Name:	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	BAINBRIDGE, KYLE NAME (PRINTED)	
	7391 ID NUMBER	