

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

Arrest # _____ Bk # _____ Pg # 1 of 4

| | | | |
|---|--|--|--|
| 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: 2015 303590 CFDB | |
| (ORI) FL: <u>FL0640100</u> | Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u> | Agency Case Number: <u>150013225</u> | |
| FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | OBTS # _____ | U.C.R. _____ | Date Arrested: <u>07-06-2015</u> Time of Arrest: <u>0354</u> |
| ADDRESS OF ARREST (Street, City, State, Zip): <u>200 N Hollywood St DAYTONA BEACH FL</u> | | Arrested By: <u>Catalano, Michael</u> | ID Number: <u>D31673</u> |
| DEFENDANT | NAME (Last) <u>Mays</u> (First) <u>Eli</u> (Middle) <u>R</u> | A.K.A.: _____ | Sex: <u>M</u> Race: <u>W</u> |
| DOB: <u>04-10-1994</u> | Age: <u>21</u> Driver's Lic. ID No.: _____ | State: <u>FL</u> Year Expires: <u>2021</u> | S.S.#: _____ |
| Height: <u>6' 00"</u> | Weight: <u>145</u> Hair: <u>BLN</u> Eyes: <u>BLU</u> | P.O.B. (City, State, Country): <u>FL</u> | Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Scars, Marks, Tattoos: _____ | Business & Occupation: _____ | 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) <u>11 A Columbia Lane</u> | | (CITY) <u>Palm Coast</u> (STATE) <u>FL</u> | ZIP CODE <u>32137</u> RESIDENCE PHONE _____ |
| 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 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: <u>4</u> |
| #1 Charge: <u>Poss. MDMA/Ecstasy</u> | FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> | FS/ORD: <u>893.13</u> | Citation No.: _____ Bond: <u>1500</u> |
| #2 Charge: <u>Poss. Cocaine</u> | FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> | FS/ORD: <u>893.13</u> | Citation No.: _____ Bond: <u>1500</u> |
| #3 Charge: <u>Poss. Marijuana < 20 grams</u> | FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/> | FS/ORD: <u>893.13(6)(B)</u> | Citation No.: _____ Bond: <u>500</u> |

| | | |
|---|---|---|
| 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 06 day of July, 2015, at approximately 0354 a.m. p.m. at 200 Blk N Hollywood St DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 commit the above offense by being in possession of cocaine, MDMA/Ecstasy, and less than 20 grams of marijuana.
 2 On 07/06/2015 at approximately 0311 hours I was dispatched to 201 Main St (Kangaroo) in reference to a suspicious person who attempted to open
 3 the RP's vehicle by pulling on the cars handle. A description of the suspicious person was provided as being a white male wearing an orange shirt
 4 and khaki shorts and was last seen walking east on Main St. Several Officers responded to the area to assist in searching for the subject. Ofc. M.
 5 Booth observed the defendant walking in the 200 Blk of N. Hollywood St who matched the description of the suspect from 201 Main St. Ofc. M. Booth
 6 stopped the defendant and asked him if he had anything on him that he (Ofc. M. Booth) needed to know about, in which the defendant replied that he
 7 did not. Ofc. M. Booth then stated to the defendant, "I'm gonna check you real quick, alright?" in which the defendant replied "mmm hmm" and
 8 proceeded to put his hands up and spread his feet as if to give full consent to search his persons. Ofc. M. Booth proceeded to check the outside of
 9 the defendants clothing at which point Ofc. M. Booth felt an object in the defendants right front pocket and asked the defendant what the object was in
 10 which the defendant replied that it was a "shot glass". Ofc. M. Booth advised that the alleged "shot glass" was not consistent with that of a "shot
 11 glass" as both ends of the objects were sealed. Ofc. M. Booth advised that he also felt an object in the defendants left front pocket which due to his
 12 knowledge and experience he believed to be that of suspected marijuana. Ofc. M. Booth advised that he did not want to start a confrontation with the
 13 defendant and therefore waited for additional units to arrive on scene before removing the suspected narcotics. I arrived on scene with Ofc. M. Booth
 14 a short time later in which Ofc. M. Booth re-approached the defendant and re-asked the defendant for consent to search his persons at which point
 15 the defendant began to question as to the reason for the inquired search. Ofc. M. Booth explained to the defendant that he originally gave him

| | | | |
|-------------------------|---|--|-------------------------------|
| 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 _____ |
|------------------------------|------------|--------------------------------|

| | | |
|--|---|----------|
| Sworn to and subscribed before me, the undersigned this <u>05</u> day of <u>July</u> , <u>2015</u> Name: <u>[Signature]</u> | I swear/affirm the above statements are correct and true <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE | Rt Thumb |
| Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____ | <u>CATALANO, MICHAEL</u> <u>D31673</u> NAME (PRINTED) ID NUMBER | |

Volusia**Notice to Appear Instruction Sheet**

Follow these instructions according to the boxes checked.

| |
|------------------------|
| Court Case Number: |
| Agency Case Number: |

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

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

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

Total fine and costs you must pay: \$ _____

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

COUNTY CLERK'S OFFICES:

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

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

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

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

Plea and Waiver Information

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

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

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

Date: _____

Defendant's Name (print): _____

Defendant's Address: _____

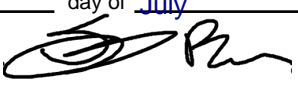

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

| | | | | |
|-----------------------------|---|---|---|--|
| Defendant Name: Mays | (Last) | (First) Eli | (Middle) R | Agency Case Number: 150013225 |
| 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: 4 |
| #4 | Charge: Resist Officer w/o Viol. | FEL <input type="checkbox"/> | MISD <input type="checkbox"/> | ORD <input checked="" type="checkbox"/> |
| | | FS/ORD: 843.02 | Citation No.: | Bond: 500 |
| # | 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 consent to search his persons during the initial encounter and that he (Ofc. M. Booth) felt what he believed to be suspected marijuana within the
 17 defendants left front pocket. The defendant replied that he did not have marijuana in his pocket. During the encounter Ofc. M. Booth questioned the
 18 defendant and stated, "so what I felt in your pocket is not marijuana?" in which the defendant replied, "it is not marijuana, pull it out, please pull it out."
 19 It was at this time that Ofc. M. Booth stated to the defendant, "why don't you empty out your pockets then?" The defendant began to empty out his
 20 pockets during which time, two small clear baggies fell out of the defendants left front pocket and onto the sidewalk. One of the baggies contained a
 21 white powdery substance while the other contained a tan sandy substance. Ofc. D. Hampton, Ofc. S. Pignataro, and Ofc. M. Booth immediately went
 22 to take the defendant into custody at which point the defendant did a slight jerking movement as Ofc. D. Hampton was placing handcuffs on him, in
 23 which Ofc. D. Hampton sustained a minor laceration to the top of his middle finger on his right hand. The defendant was searched further at this point
 24 in which a red glass container was removed from the defendants right front pocket which contained a green leafy substance. The white powder was
 25 tested via sirchie test kit which yielded a presumptive reaction to the presence of cocaine. The tan sandy substance was also tested via sirchie test
 26 kit which yielded a presumptive reaction to the presence of MDMA/ecstasy, the substance is consistent with that of "molly". The green leafy
 27 substance was tested via sirchie test kit which yielded a presumptive reaction to the presence of cannabis. All of the suspected narcotics were
 28 submitted into property and evidence.

| | | |
|---|--|-------------|
| Sworn to and subscribed before me, the undersigned this <u>05</u> day of <u>July</u> , 2015 Name:  | I swear/affirm the above statements are correct and true  | Right Thumb |
| Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: | OFFICER'S/COMPLAINANT'S SIGNATURE CATALANO, MICHAEL NAME (PRINTED) D31673 ID NUMBER | |

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 4 of 4

| | | | | | | | | |
|--|--|--|---|-------|---|--|------|--------|
| Defendant (Last) (First) (Middle) Name: Mays Eli R | | | Agency Case Number: 150013225 | | | | | |
| Name: (Last) (First) (Middle) Ofc Marcus Booth | | | Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/> | Race: | Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): 129 Valor Blvd | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |
| Name: (Last) (First) (Middle) Ofc S Pignataro | | | Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/> | Race: | Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): 129 Valor Blvd | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |
| Name: (Last) (First) (Middle) Ofc D Hampton | | | Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/> | Race: | Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): 129 Valor Blvd | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |
| Name: (Last) (First) (Middle) | | | Vic <input type="checkbox"/> Wit <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |
| Name: (Last) (First) (Middle) | | | Vic <input type="checkbox"/> Wit <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |
| Name: (Last) (First) (Middle) | | | Vic <input type="checkbox"/> Wit <input type="checkbox"/> | Race: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Age: | DOB: | SSN: |
| Address (#, Street, City, State): | | | Zip: | | Home: Phone: | Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bus/School Address: | | | Zip: | | Bus: Phone: | | | Phone: |
| Relative/Contact Name | | | Relative/Contact Address: | | | | | Phone: |

EVIDENCE COLLECTED

| Description of Evidence | Date Recovered | Model Serial/I.D. Number | Drug Amount |
|---|-------------------|--------------------------|------------------|
| Suspected cocaine | 07-06-2015 | | trace |
| Owner Name (Last) (First) (Address) | (Phone) | Value | |
| Suspected MDMA/Ecstasy ("Molly") | 07-06-2015 | | 3.5 grams |
| Owner Name (Last) (First) (Address) | (Phone) | Value | |
| Suspected Cannabis | 07-06-2015 | | 3 grams |
| red glass bottle | 07-06-2015 | | |
| | | | |
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I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

CATALANO, MICHAEL
Investigating Officer

Michael Catalano

D31673
ID Number

DBPD
Agency