

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

Arrest # \_\_\_\_\_

Bk # \_\_\_\_\_

Pg #1 of 2

<b>ARREST</b> <input type="checkbox"/> <b>NOTICE TO APPEAR</b> <input type="checkbox"/> <b>AFFIDAVIT</b> <input type="checkbox"/> <b>C.C.</b> <input type="checkbox"/>		<b>ADULT</b> <input checked="" type="checkbox"/> <b>JUVENILE</b> <input type="checkbox"/>		Court Case Number:	
(ORD) FL: 0 3 7 2 7 5 C		Agency Name: Office of the Inspector General- DC		Agency Case Number: 19-14146	
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR:	Date Arrested:
ADDRESS OF ARREST:				Arrested By:	ID Number:
<b>DEFENDANT</b>		Name (L,F,M): Edwards, Trevor Garner Ted		A K A : Edwards, Trevor Garner	
DOB: 06/09/1985		Age: 34		Sex: male	
Height: 5'09"		Weight: 157		Race: black	
Driver's Lic/ ID No: E363807852090		State: FL		Year Expires:	
Hair: black		Eyes: brown		POB (City, St, Country) Akron, OH, USA	
Scars, Marks, Tattoos: Tattoo- left arm- gargyle; tattoo- left chest- death before dishonor; tattoo- left chest- only the strong survive		Business & Occupation: Unknown		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Address-Mailing/Permanent (STREET, APT NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE	
1702 5 <sup>th</sup> Avenue		Palmetto FL 34220		941-722-9346	
Address-Local (STREET, APT NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE				330-400-7155	
Address-Other(Employer/School) (STREET, APT NUMBER) (CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE					
<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input 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: 1	
#1	Charge: Possession of a cellular phone	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 944 47(1)(c)	
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:	
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:	
<b>CO-DEFENDANT</b>		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME(L,F,M):		Race:	Sex:	DOB:	Age:
#2 NAME(L,F,M):		Race:	Sex:	DOB:	Age:
<b>NARRATIVE</b>					
The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the 13 <sup>th</sup> day of August, 2019, at approximately 1:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at Tomoka Correctional Institution located at 3950 Tiger Bay Road, Daytona Beach within Volusia County, violated the law and did then and there: Have constructive possession of a cellular phones while he was detained as an inmate and upon the grounds of Tomoka Correctional Institution, a state correctional facility.					
Your affiant is Inspector Jonathan Warren of the Florida Department of Corrections, Office of the Inspector General.					
Sergeant Delong reported that he conducted a search of cell B1-210 at Tomoka CI at 1:00pm on August 13, 2019 because he heard an inmate discussing the cellular phone reception in the cell while reviewed calls made with the recorded phone lines. During the search, Sergeant Delong recovered a black L8star cellular phone from inside of Inmate Trevor Edwards' (S34954) locker. Sergeant Delong reported that Inmate Edwards admitted that the phone belonged to him.					
Inmate Edwards was advised of his Miranda Rights on August 21 and agreed to provide a statement. Inmate Edwards admitted [REDACTED]. Edwards explained [REDACTED]. Inspector Jeffrey Hoffman (120981) was present during the interview.					
<b>NOTICE TO APPEAR</b>		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 _____, _____		I swear/affirm the above statements are correct and true			Rt Thumb
Name:		OFFICER'S/COMPLAINANT'S SIGNATURE			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME(PRINTED) Jonathan Warren		ID NUMBER 37424	
<b>OFFICIAL USE ONLY</b>		Inmate Number & facility: N/A			

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>Edwards, Trevor Garner Ted</b>			Agency Case Number: <b>19-14146</b>			
Name (L,F,M): <b>Delong, Matthew</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>white</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): <b>Exempt- FDC Sworn</b>			Zip:	Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Bus /School Address: <b>3950 Tiger Bay Road, Daytona Beach, FL</b>			Zip: <b>32124</b>	Bus Phone: <b>386-254-2627</b>		
Relative/Contact Name:		Relative/Contact Address:		Phone:		
Name (L,F,M): <b>Hoffman, Jeffrey</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>white</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): <b>Exempt- FDC-OIG Sworn</b>			Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Bus /School Address: <b>3950 Tiger Bay Road, Daytona Beach, FL</b>			Zip: <b>32124</b>	Bus Phone: <b>386-254-2696</b>		
Relative/Contact Name:		Relative/Contact Address:		Phone:		
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus /School Address:			Zip:	Bus Phone:		
Relative/Contact Name:		Relative/Contact Address:		Phone:		
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus /School Address:			Zip:	Bus Phone:		
Relative/Contact Name:		Relative/Contact Address:		Phone:		
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus /School Address:			Zip:	Bus Phone:		
Relative/Contact Name:		Relative/Contact Address:		Phone:		
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bus /School Address:			Zip:	Bus Phone:		
Relative/Contact Name:		Relative/Contact Address:		Phone:		

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
L8Star cellular phone	08/13/2019		
Owner(Name) _____ (Address) _____		(Phone) _____	Value
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Owner(Name) _____ (Address) _____		(Phone) _____	Value
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount

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

Jonathan Warren  
Investigating Officer

37424  
ID Number

FDC-OIG  
Agency