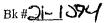
7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Α	rrest	#	



Pg #1 of _5

Chaighly Amdavit FLAGLER				т-		***************************************	
]	Number:		000526
(ORI)1L. 0 1 8 0 0 0 0 N	gency ame: Flagler Cou				Agency Case Number:	2021-00040	6145
FCIC/NCIC Check? Yes M No OBTS	700301C81#	1)/2021	Arrest: 11:4	2
	t, Florida, 32137			Mat	thew	ID Number: 951	
DEFENDANT (LEND: WALSH	, ANGELO, THOMAS		<u> </u>			Sex: Male	RaceWHITE
	STATES S						
	IDANTI C.C. ADURT SI JUVENILE County Sheriff's Office Agency Case Agency C						
Scars, Marks, Tattoos:	STATESTIP						
		English:	Yes 🛛 No	0 🗆	Deaf-Mu	te: Yes	
Address-Mailing Permanent (STREPT, APT, NO	MOER)				ZIPCOL		
Address-Local (STREET, APT, NU	IXIBER)	aer a	11	(STATE)	ZIPČOI	DF. RESIDI	NCE PHONE
17 BLASDELL DR		Palm Co	ast	Florida	32137	(386)3	38-7672
Address Other(Employer-School) (STREET: APT: NI:	MDERI	(C))	1.0	(STATE)	ZIPCOI	DE BUSSCI	HOOL PHONE
	ents: Affidavit(s) Stateme	ent(s) 🗆 NTA Sc	hedule 🗓 Rej	port 🛛 Traffic Ir	iliaction(s)		
#1 Charge: FEL				Citation No.	:		ges.
#2 Charge: FEL	LI MISDIXI ORDLI F	FS ORD:		Citation No.		Bond	30e/
LEGEND DRUG - FOSSESSION WIO RX				Citation No.	•	Bond:	<u> </u>
	Fel □ Misd □ Traf □ C	Örd 🗆 NTA🗆	CoDef #2	Anested? V 🗆	N∏ Fel □	Nist □ Traf □	
#1 NANE(L.F.M):			10000				
#2 NAME(L,F,M):				Race:	Sex:	DOB:	Age:
NARRATIVE The undersigned certifies and	d swears that there is	s a probable	cause to	. believe the <i>t</i>	above nar	nes defendan	t. on
the <u>20th</u> day of <u>May</u>	, <u>2021</u> , at	approximate	ely <u>11:42</u>	<u>_X_</u> A.M.	P.M. a	at	• •
				_			
•	•	•	-			-	Coast
·		e. The dis	turbanc	e occurre	d betw	een	
(V1) and her boyfriend Angelo	ວ Walsh (D1).						
						_	
Upon arrival, contact was made wit				-	•		
•		· ·	.*				
expectation of intimacy. desc	ribed Walsh as l	her fiancé	Ž.	and Wa	lsh wer	e in an arg	ument
				,			
		O INCOMINITIALE	T. V. H. 1841 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	का र संशोध	TEISTE AS	TV (YVCPC:	
APPEARANCE .	INSTRUCTIONS ON THE	REVERSE SIDE	OF YOUR C	OPY []	AMOUNT	Γ:	· ····································
				RRANTFORM			L'IO APPEAK
	SIGNATURE OF JUVEN	ILE PARENT OF	R CUSTODIA		1 No.	***************************************	
SIGNATURE OF DEFENDANT DATE	RELATIONSHIP TO JUV	VENILE	***************************************				Ti Ti
Sworn to and subscribed before me, the undersigned	I swear affirm the above s	Internents are com	ect and frue,		• •	Rt Thumb	
Name	- / W Corn	ER'S COMPLA	AINANT'S SI	GNATURE	<i>t</i> ************************************	*******	
	NAA 1970 DEFFE		77 57	N 11020			
Personally known - Prestuced Identification -	1						
Type of Identification:	l	<u> </u>	1,1	<u> </u>		_	,
OFFICIAL LISE ONLY						1	

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

X Arrest
☐ Affidavit
☐ Notice to Appe

□ Adult □ Juvenile

Court Case

Pg #2 of 5

Defendant		Agenc	v Case	reuno				15 # 5 Of 9
Name: WALSH , ANGELO, THOMAS		Numbe		2021-	0004614	15		
Name (L,F,M): CARVALHO, DONNA, MARIE	Vic 🗆 Wit 🗶	Race: WHIT	 Е	Sex:	F. IX I.	Age 67	DOB: 03/12/195	SSN:
Address 22 BLYTH CT PALM COAST, Florida (#, Street, City, State):				Zīp: 32137	,	Home Phone (38	6)237-1020	Statement: Yes [2] No [
Bus /School Address:				•		Zip:	·	Bus. Phone:
Relative/ Contact Name:	Relative/0	Contact						Phone:
Name (L.)		T						SSN:
Ada (#.								Statement
Bus /School Address:						Zip:		Yes 🔼 No 🗌
Relative/ Contact Name:	Relative/C	Contact			··	l		Phone:
Name	Address:	Race; WHITE		Sex:		Age:	DOB:	SSN:
(L,F,M): TOMPKINS, MARYANNE, Address 41 BLAINE DR PALM COAST,Florida	Wit 💢	WHITE		M□. Zip:	F 🔀	Age: 72 Home	08/03/1948	Statement
(#, Street, City, State): Bus /School				32137	·	Phone (38)	3)237-1020	Yes 🔀 No 🗆
Address: Relative/	D.J. C. 16	[Zip:		Bus. Phone:
Contact Name.	Relative/C Address	ontact						Phone:
Name (L,F,M):	Vic 🔲 Wit 🗔	Race:		Sex:	E.O	Age:	DOB;	SSN:
Address (#, Street, City, State):				Zip:		Home Phone:		Statement. Yes No No
Bus /School Address:			—, 1	- ,		Zip:		·Bus,
Relative/ Contact Name:	Relative/C	ontact				;		Phone:
Name (L,F,M):	Vic	Race:		Sex:		Age:	DOB:	SSN:
Address (# Street, City, State):	AAIF []	<u> </u>		M □ 1 Zip:	<u>: ப</u>	Home	·	Statement
Bus /School Andress:			ــــــــــــــــــــــــــــــــــــــ			Phone:		Yes No D
Relative/	Relative/C	ontact	-					Phone Phone:
Contact Name: Name	Address:	Race:	 -	Sex:		Age:	DOB	SSN:
(L,F,M): Address	Wit 📋			M □ I	7.0	Home		Statement:
(#, Street, City, State): Bus /School		 		<u></u>		Phone:		Yes No D
Address: Relative/	71.1.60					Ζ.γ.		Būs. Phone:
Contact Name:	Relative/Co Address:	intact						Phone:
	ENCE							
Description of Evidence PHOTOGRAPHS			Recovered 0/2021		Model Seri	al/I.D Numb	per	Drug Amount
Owner(Name) (Address) Description of Evidence		Data	1	أيب	(Phone)	1000 10 1		e \$,.01
- Doughton of Lordence	<u> </u>	Date	Recovered		Model Sen	al/I.D. Numl	er	Drug Amount
Owner(Name) (Address) Description of Evidence		Date	Recovered		(Phone)	al/I.D. Numb	Valu	
Description of Evidence	***				,			Drug Amount
Maria de la companya			Recovered			al/I:D. Númb		Drug Amount
Description of Evidence			Recovered			al/I.D. Nuṇṇb		Drug Amount
Description of Evidence		Dale I	Secovered		Model Seri	al/LD, Numb	ęr ·	Drug Amount
Description of Evidence		Date I	Recovered		Model Seri	al/LD, Humb	er	Drug Amount.
Description of Evidence		Date F	Recovered		Model Seri	al/I.D Numb	er	Drug Amount
Description of Evidence		Date F	ecovereil		Model Seri	al/I.D. Numb	er	Crug Amount
I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.	1-1		O	1		* * * * * *	FLS	<u> </u>
Investigating Officer	- ()			Numbe	r:		Agenc	
70)	7-A - CC	ourt c	COPY					

			Arrest Affidavit	☐ Aduli ☐ Juvenile	Court Case			
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	ARGES VIOLEN		Attachments: Aff	fidavit(s) Statemen	nt(s) 🔲 NTA Schedule			Total Charges:
.#	Charge;			FEL 🗆	MISD ORD	FS/ORD;	Citation No:	Bond;
#	Charge:	~ <u> </u>		FEL □	MISD ☐ ORD ☐	FS/ORD:	Citation No:	Bond:
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Name	ownd subscribed before me, the base of the	1000/	1 swear/af	4//	Pentsure correct and tru			Right thumb
Notary Persan	Public Law Enforcements	nt Officer (197) entification			CER'S/COMPUNINAN	IT'S SIGNATURE		
Type of	Identification:		NAME(P	RINTED) (Zip	E,~		ID JUMBER	

Narrati Supple		□Affidav	rit .	☐ Adult ☐ Juvenile	Court Case			
Defendant Name:	inent_	☐ Notice	to Appear	·	Number: Agency Case Numb	er:	Pag	e# .of
CHARGE	S DOMESTIC VIOLENCE?	YES ☐ Attach	hments: Affida	ıvit(s) ☐ Statemen	nt(s) NTA Schedule	Report 🗀 T	raffic Infraction(s)	Total
# Charge:	TIOLENCE		_		MISD ORD	FS/ORD:	Citation No:	Charges; Bond;
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caused he rar crossbeam over, grab anything listatement Deputies Sheriff's O Victims Rig facility. I o on her har were taken I requeste prior batte Deputies Walsh's lef	to do this. We through the in the hole of	Valsh advishole in the fence of	sed he rate fence. e. In resher up. g". Wals FCSO cate formation to t	an after he Walsh foll ponse to k Walsh further was number on or questation card ankle. and older it scene. Valsh via Fry conviction arrest. The left the cott	er having fur lowed her ar being asked ther stated there are the distance of the stated of the search reversion head of	and being and struck to elabora was sistance. We her to received and lateral and a small have scaled a small ealed ealed a small ealed ealed a small ealed e	ut could not ad g playful. Walsh he top of his he te, Walsh advise "not screamin Valsh provided contact the Flata FCSO Domes at er provided to all amount of babbed over. Photographs of blata history check reall baggy of blata history check reall baggy of blata history check reall baggy. The total baggy of blata he baggy.	h stated ead on a sed he ran g for help or a verbal agler County stic Violence to the inmate slood smeared otographs evealed two
identified a	s Clonidine H prescription	ydrochlori	ide 0.1 r	ng utilizing	e other side g "Drugs.con	aispiayea n", which	C/42. The pills also stated the	were medication is
Walsh adv		are for his	add. H	e stated h	e did not ha	ve a presc	ription for ther	n because
battery cor	alsh was arres viction and u orted to FCIF	nlawful po	ossessio	omestic vi n of new d	iolence) with Irugs or lege	ı a felony ı nd drugs v	upcharge due t vithout prescri _l	o his prior ption. Walsh
Name: Notary Public [2]	Law Eulorcement Offic		l swear/affirm		Epits tile correct and tru			Right thùnb

RIDEN

NAME(PRINTED)

Type of Identification:

ipplement Noti	ce to Appear Court Case Number: Agency Case Numb	er:	Page	# of
	Agency Case Numb	er.		
ARGES DOMESTIC YES ALL ALL	achments: Affidavit(s) 🗆 Stalement(s) 🗀 NTA Schedul			Total Charges:
Charge:	FEL ☐ MISD ☐ ORD ☐	FS/ORD;	Citation No:	Bond;
Charge:	FEL ☐ MISD ☐ ORD ☐	FS/ORD:	Citation No:	Bond;
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