

**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:	
(ORI) FL: <u>FL0640100</u>	Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u>	Agency Case Number: <u>220007217</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>04-26-2022</u> Time of Arrest: <u>1350</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>3918 LPGA Blvd DAYTONA BEACH FL 32124</u>		Arrested By: <u>LAFASO, TERRY</u>	ID Number: <u>D66033</u>
DEFENDANT	NAME (Last) <u>Dye</u> (First) <u>Daniel</u> (Middle) <u>W</u>	A.K.A.:	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>12-04-2004</u>	Age: <u>17</u> Driver's Lic./ ID No.:	State: <u>FL</u> Year Expires: <u>2026</u>	S.S.# -
Height: <u>5' 10</u>	Weight: <u>145</u> Hair: <u>RED</u> Eyes: <u>BRO</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>2613 Winnissett Oak Dr</u>		(CITY) <u>DELAND</u> (STATE) <u>FL</u> ZIP CODE <u>32724</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 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>Felony Battery</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.041(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:

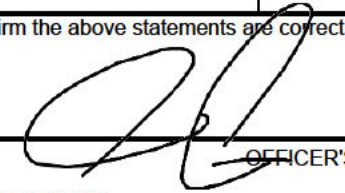
NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 26 day of April, 2022, at approximately 0250 a.m. p.m. at 3918 LPGA Blvd DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 "THE VICTIM WISHES TO HAVE THEIR MARSY'S LAW RIGHTS PROTECTED"
 2
 3 Did intentionally touch or strike V1 [redacted] against his will and cause great bodily harm, permanent disability, or permanent disfigurement.
 4
 5 On April 26, 2022, while working the front desk V1 came in and reported the following (Felony Battery).
 6
 7 V1 stated that on April 25, 2022, at approximately 1440 hours, he was attending class at Father Lopez Catholic High School located at 3918 LPGA Blvd. V1 stated that while he was sitting in his [redacted] class one of his classmates, Daniel Dye (D1) came up to him on his left side and started to grinding and dancing with his (D1) groin (pelvic area) by his (V1) head and face. V1 stated that he pushed his left arm up towards him (D1) in an attempt to push him away. V1 stated that this did not work and he (D1) continued for another minute until he (D1) stopped. V1 further stated that he thought the incident was over and all of a sudden D1 came up from behind him and punched him in the groin area.
 12
 13 It should be noted that V1 stated that he fell to the ground in pain and that he was able to go to the bathroom area and during that time the school bell rang for class to be over. V1 stated that he had a large bruise and his scrotum was swollen. V1 stated that he was able to drive home and get his father and went to the Hospital. V1 stated that he was diagnosed with a possible ruptured testicle and was referred to an Urologist. V1 completed a

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:
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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.
		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	CITATION No.

Sworn to and subscribed before me, the undersigned this <u>26</u> day of <u>April</u> , <u>2022</u> , Name: <u>Lafaso Terry</u>	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"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE <u>LAFASO, TERRY</u> NAME (PRINTED)	<u>D66033</u> ID NUMBER
Type of Identification:	Inmate Number & Facility:	

OFFICIAL USE ONLY

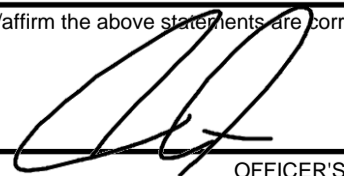
Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Dye	(Last)	(First) Daniel	(Middle) W	Agency Case Number: 220007217
CHARGES	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"/>		Total Charges: 1
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

16 sworn written statement and provided copies of his medical treatment, which was tagged and placed into property and evidence. V1 does wish to
 17 press charges. D1 was taken into custody and transported to the Volusia County Branch Jail.

Sworn to and subscribed before me, the undersigned this <u>26</u> day of <u>April</u> , 2022 Name: <i>Terry Lafaso</i>	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 checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	LAFASO, TERRY NAME (PRINTED)	D66033 ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:


Defendant (Last) (First) (Middle) Name: Dye Daniel W			Agency Case Number: 220007217	
Name: (Last) (First) (Middle)	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	Age: █ DOB: █ SSN: █
Address (#, Street, City, State): █			Zip: █	Home: █ Phone: █ Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:	Bus: █ Phone: █
Relative/Contact Name		Relative/Contact Address:		Phone: █
Name: (Last) (First) (Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> 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: █
Relative/Contact Name		Relative/Contact Address:		Phone: █
Name: (Last) (First) (Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> 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: █
Relative/Contact Name		Relative/Contact Address:		Phone: █
Name: (Last) (First) (Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> 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: █
Relative/Contact Name		Relative/Contact Address:		Phone: █
Name: (Last) (First) (Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> 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: █
Relative/Contact Name		Relative/Contact Address:		Phone: █
Name: (Last) (First) (Middle)	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> 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: █
Relative/Contact Name		Relative/Contact Address:		Phone: █

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
copies of medical paperwork	04-26-2022		
Owner Name (Last) (First) (Address)	(Phone)		Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)	(Phone)		Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

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

LAFASO, TERRY
Investigating Officer



D66033
ID Number

DBPD
Agency