

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent} [REDACTED]

VCSO Case Number
190017233

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Kirsten Scherer, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia County Sheriffs Office, swear and affirm that the following facts are true and correct.

1. {Name of Respondent} [REDACTED] poses a significant danger of causing personal injury to himself/herself or others by having a firearm or any ammunition in his/her custody or control or by purchasing, possessing or receiving a firearm or any ammunition. The following specific statements, actions, or facts give rise to a reasonable fear of significant dangerous acts by the respondent:

On August 11, 2019, at 1955 hours Deputies responded to [REDACTED]'s address after he became upset, said he was going to kill himself by shooting himself, and then searched the house for his firearm to do so. [REDACTED] was reportedly intoxicated on alcohol and left the house by driving his vehicle.

0 Additional pages are attached.

2. {Name of Witness} [REDACTED] provided the following information based on his/her personal knowledge:

[REDACTED] has been in a romantic relationship with [REDACTED] for 17 years; they have children in common. [REDACTED] observed [REDACTED] become upset, heard [REDACTED] say that he was going to kill himself with a firearm, and observed [REDACTED] search the house for the firearm. [REDACTED] had surreptitiously removed the firearm from the house prior to [REDACTED] locating it. Continued.

01 Additional pages are attached.

3. Affiant is X is not aware of any existing protection order governing the respondent under any applicable statute.

0 Known protection orders are attached

4. The quantities, types, and locations of all firearms and ammunition the petitioner believes to be in the respondent's current ownership, possession, custody or control are as follows:

| | | | | | |
|----------|-------------|------|-----------------------|----------|-----------------------------|
| Quantity | <u>01</u> | Type | <u>Pistol</u> | Location | <u>[REDACTED] Deland FL</u> |
| Quantity | <u>01</u> | Type | <u>Rifle, .22 cal</u> | Location | <u>[REDACTED] Deland FL</u> |
| Quantity | <u> </u> | Type | <u> </u> | Location | <u> </u> |
| Quantity | <u> </u> | Type | <u> </u> | Location | <u> </u> |
| Quantity | <u> </u> | Type | <u> </u> | Location | <u> </u> |
| Quantity | <u> </u> | Type | <u> </u> | Location | <u> </u> |

0 Additional pages are attached.

AFFIANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND FACTS IN THIS AFFIDAVIT AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Dated: 08/11/2019 Signature of Affiant: D/S Scherer #8963

Sworn to or affirmed and signed before me on 08/11/2019 by Kirsten Scherer

Date Affiant's Name

who X is personally known to me or presented Deputy Sheriff, as identification.

SGT. Steven J. Edcombs #7246

Attesting LEO Witness or Notary Public, State of Florida

My commission expires:

SGT. STEVEN S. EDCOMBS

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST {Name of Respondent} [REDACTED]

AFFIDAVIT CONTINUATION

FROM SECTION 02
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[REDACTED] recognized [REDACTED] was intoxicated on alcohol to the extent that he needed assistance with walking. This assistance was required several hours prior to him making statements of self-harm. After failing to locate his firearm, [REDACTED] entered his vehicle and drove away from the house. [REDACTED] became concerned that [REDACTED] was going to drive his vehicle into an object to harm himself.

[Lined area for additional text]

VOLUSIA COUNTY SHERIFF'S OFFICE

Clack of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Page 1 of 1 Pages

| | | | | | |
|--|----------------------------|--|---|---|--|
| Report Date 08-12-19 | Report Time 0405 | Orig. Reported Date 08-11-19 | Nature of Call (for Incident) Disturbance | Agency Report Number 19-17233 | 1. Original 2. Supplement 12 |
| Status Code: 1. Evidence 2. Recovered 3. Recovered (Outside Agency Recovered) 4. Recovered (Baker Act) | | 13. Disposal 17. Baker Act | | 22. RPO (Voluntary Surrender) 23. RPO (Seized) | Category Code: J. Special Documents Y. All Other Items (Guns and Ammunition) |
| Leave Blank: | Item # 2 | Status 23 | Category 4 | Quantity 1 | Description Beretta APX 9mm handgun |
| If Gun | Make Beretta | Model APX | Caliber 9mm | Type / Cat Pistol | Action Semi-Auto |
| | | | | Finish Black | Serial Number AD0345X |
| Leave Blank: | Item # 3 | Status 23 | Category 4 | Quantity 1 | Description Beretta magazine w/ 14 live rounds |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |
| Leave Blank: | Item # | Status | Category | Quantity | Description |
| If Gun | Make | Model | Caliber | Type / Cat | Action |
| | | | | Finish | Serial Number |

INITIALS

Pursuant to 790.401(7)(c), Florida Statutes, the firearm(s) and/or ammunition and/or license to carry a concealed weapon were surrendered by Respondent or seized by a Deputy of the Volusia County Sheriff's Office on _____.

Respondent

I am the owner of the firearm(s), ammunition, or license to carry a concealed weapon or firearm and I hereby knowingly and voluntarily consent to the surrender of the items listed in this report to the Volusia County Sheriff's Office.

Respondent

I am the owner of the firearm(s) and/or ammunition listed in this report. I hereby request the firearms and/or ammunition be turned over to:

(Name) _____

(Address) _____

(Telephone Number) _____

Respondent

I, Deputy or Evidence Employee of the Volusia County Sheriff's Office, acknowledge receipt of the above listed items which were either surrendered or seized on _____, at _____.

SIGNATURES

X

Respondent

Date

Deputy

| | | | | | | | |
|---------|---|---|----------------------|---|--|--|--|
| CUSTODY | Item # 2-3 | Date: 8/12/19 | Time: 0445 | Released by (Printed): X N. Scherer | Released by (Signature): <i>[Signature]</i> | Received by (Printed): D/S Scherer | Received by (Signature): <i>[Signature]</i> |
| | Leave Blank | | | Reason for Change: Safekeeping | | | |
| CUSTODY | Item # | Date: | Time: | Released by (Printed): | Released by (Signature): | Received by (Printed): | Received by (Signature): |
| | Leave Blank | | | | | | |
| ADMIN. | Officer Reporting - Printed D/S Scherer | Officer Reporting - Signature <i>[Signature]</i> | | ID Number 8463 | Unit 1022 | Date 8/12/19 | |
| | Officer Reviewing - Printed (if Applicable) SEYBORG, EDGECOMB | Officer Reviewing - Signature (if Applicable) <i>[Signature]</i> | | ID Number 7246 | Unit 1020 | Date 08/12/19 | |