

IN THE CIRCUIT COURT OF THE Seventh JUDICIAL CIRCUIT,  
IN AND FOR Volusia COUNTY, FLORIDA

VSO Case Number  
200017497

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

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF Volusia

I, {full legal name} Jason Wagers, in my position as {job title} deputy with the {name of law enforcement officer/agency} Volusia Sheriff's 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:

\*\*\*BWC RECORDING\*\*\*

On Sunday, 09/27/2020 at approximately 0908 hours, Deputy Wagers responded to [REDACTED], Ormond Beach in reference to a suicidal person.

Upon arrival, Deputy Wagers made contact with [REDACTED] (V1), who was sitting on

1 Additional pages are attached.

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

[REDACTED] stated she witnessed [REDACTED] place a firearm up to his own head. [REDACTED] advised she convinced [REDACTED] not to hurt himself and put he firearm down, which [REDACTED] did. [REDACTED] placed the firearm in the garbage can located in the kitchen so [REDACTED] could not find it.

0 Additional pages are attached.

**AFFIDAVIT CONTINUATION**

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the front porch. \_\_\_\_\_ informed Deputy Wagers he was waiting on EVAC to arrive to help his wife, \_\_\_\_\_ (W1) with her breathing issues.

Deputy Maxwell arrived on scene to assist with the investigation. Deputy Maxwell made contact with \_\_\_\_\_ who was in fact in need of medical assistance. Shortly after, EVAC arrived to render aid to \_\_\_\_\_ which they determined \_\_\_\_\_ needed to go to the hospital.

Deputy Wagers continued to speak with \_\_\_\_\_ who advised he was depressed due to \_\_\_\_\_ health issues. \_\_\_\_\_ stated he became so depressed he obtained his firearm (handgun) and placed it to his head and wanted to kill himself. \_\_\_\_\_ advised \_\_\_\_\_ convinced him not to do it and he put the firearm down and out of harms way.

Deputy Maxwell asked \_\_\_\_\_ about the firearm incident. \_\_\_\_\_ advised she witnessed \_\_\_\_\_ place the firearm up to his head, while she continued to talk to \_\_\_\_\_ to not hurt himself. \_\_\_\_\_ stated shortly after, \_\_\_\_\_ removed the firearm from his head and went outside to wait for EVAC. \_\_\_\_\_ was unable to complete a written statement, due to her being rushed to the hospital by EVAC. \_\_\_\_\_ was informed of the RPO and seizing of the firearm.

Deputy Maxwell located the firearm \_\_\_\_\_ .38 special revolver serial # \_\_\_\_\_ ) in the kitchen inside the garbage can, which was where \_\_\_\_\_ had placed it. The firearm had 5 rounds in the cylinder. The firearm and ammunition was properly secured and submitted into evidence at District 3. FCIC/NCIC search on the firearm, yielded negative results.

\_\_\_\_\_ agreed to turn over the firearm and ammunition to deputies. The firearm and ammunition receipt were completed, which \_\_\_\_\_ was unable to sign, due to physical disabilities. \_\_\_\_\_ did verbalize he wanted the items turned over to deputies. \_\_\_\_\_ informed he did not have a CCW and it was verified, \_\_\_\_\_ did not have a criminal history.

Based on statements made by both parties, Deputy Wagers took \_\_\_\_\_ into protective custody under the Florida Baker Act.

\_\_\_\_\_ was transported to Halifax Medical Center for a mental health evaluation and treatment.

Deputy Wagers completed the Risk Protection Order and forward the documents to the proper channels.

Case Status: Active/Pending Legal Advisor.

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

\_\_\_\_\_ 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>1</u>	Type <u>handgun/revolver</u>	Location <u>evidence</u>
Quantity <u>5</u>	Type <u>.38 cal rounds</u>	Location <u>in revolver</u>
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____

0 Additional pages are attached.

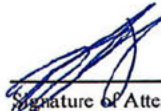
**AFFIANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND FACTS IN THIS AFFIDAVIT AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Dated: 09/27/2020

Signature of Affiant:  8080

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,

this 27 day of September, 2020, by Deputy Wagers  
Affiant's name

  
Signature of Attesting LEO Witness

Akhil Patel 9220  
Print name of Attesting LEO Witness

**OR**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known or Produced Identification

\_\_\_\_\_  
(Type of Identification Produced)

VOLUSIA SHERIFF'S OFFICE

Clerk of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Report Date 09/27/2020	Report Time 0908	Orig. Reported Date 09/27/2020	Nature of Call (for Incident) Mentally Ill Person	Agency Report Number 20-17497	1. Original 2. Supplement 1			
Status Code: 1. Evidence 6. Recovered		7. Recovered (Outside Agency Recovered) 13. Disposal 17. Baker Act		22. RFO (Voluntary Surrender) 23. RFO (Seized)				
Category Code: J. Special Documents Y. All Other Items (Guns and Ammunition)								
PROPERTY	Leave Blank:	Item # 1	Status 22	Category Y	Quantity 1	Description INTERARMS AMADAO ROSSI M68		
	If Gun	Make INTERARMS	Model M68	Caliber .38 SPECIAL	Type / Cat REVOLVER	Action Finish BLACK	Serial Number D472669	
PROPERTY	Leave Blank:	Item # 2	Status 22	Category Y	Quantity 5	Description WINCHESTER 38 SPECIAL		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description		
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
PROPERTY	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 Sheriff's Office on \_\_\_\_\_  
Respondent

**X** MC  
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 Sheriff's Office.

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) \_\_\_\_\_  
Respondent (Telephone Number) \_\_\_\_\_

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

**SIGNATURES**  
WAGER TO SIGN 9-27-2020  
Respondent Date Deputy

CUSTODY	Item # 142	Date: 9-27-20	Time: 1200	Released by (Printed): DISWAGER	Released by (Signature): 	Received by (Printed): DISTRICT 3	Received by (Signature): 	
	Leave Blank	Reason for Change: volunteer surrender						
CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank	Reason for Change:						
ADMIN.	Officer Reporting - Printed WAGER, JASON			Officer Reporting - Signature 		ID Number 8080	Unit 1B34	Date 09/27/2020
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID Number	Unit	Date