

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

VSO Case Number
200020484

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

I, *{full legal name}* D/S Kyle Cowger, in my position as *{job title}* Deputy II 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:

[REDACTED] stated he recently was in a break up with his girlfriend and sent a photograph to his brother with his handgun placed to his head. [REDACTED] advised he made suicidal statements involving a firearm to his brother. [REDACTED] was placed under protective custody for further evaluation and transported to Halifax Hospital for further care. See Deputy Nichols report for further details. (See next page).

_____ Additional pages are attached.

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

[REDACTED] (RP) is the brother of [REDACTED] and the reporting party. He advised he received a text message stating from [REDACTED] stating he was going to kill himself due to a recent break-up along with career issues. Additionally, [REDACTED] sent a photo message to [REDACTED] of him placing his handgun to his head.

_____ Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION _____
PAGE 1 OF 1

BWC

On Sunday, 11-08-2020, at 2352 hours Deputy Nichols was dispatched and responded to ██████████ ██████████ Ormond Beach, in reference to a male who sent a family member a picture of himself holding a gun to his head. The out of state family member contact the Sheriff's Office to check on ██████████ (VI).

On arrival ██████████ was sitting in his man cave area watching TV. ██████████ answered the door and stated he was depressed and sent his family member a picture. ██████████ advised the photo was him with a gun to his head. ██████████ said he has had a lot to drink. ██████████ stated the firearm was in the console of the couch he was sitting on. ██████████ stated his girlfriend of two years broke up with him and that made him depressed on top of being stressed out about a lot of things. ██████████ said he would not hurt himself because he was watching his roommates grandchild while she was at work.

██████████ was placed under a Florida Baker Act by Deputy Nichols. Deputy Nichols believes that without care or treatment ██████████ could cause great bodily harm and possible death if left alone. Deputy Nichols transported ██████████ to Halifax Hospital and turned him over to staff.

Contact was made with ██████████ (O1) who was inside the main house. The phone number was provided for his grandmother, ██████████ (O2) who was at work and could not respond. ██████████ made contact with ██████████ (O3) who lives next door at ██████████. ██████████ gave ██████████ permission to care for ██████████ until she could arrive home.

Deputy Cowger completed a Risk Protection Order (RPO) paper work in reference to this event and submitted to the legal advisor for review. Deputy Cowger collected one firearm and ammunition. Deputy Cowger had ██████████ initialed the form for turning over his firearm to Deputy Cowger but did not sign it due to inclement weather. See Deputy Cowger RPO for further details.

Case status: Closed

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</u>	Location	<u>[REDACTED] OB</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

_____ 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: 11/9/2020

Signature of Affiant: [Signature] #8423

D/S Cowger

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

this 09 day of November, 2020, by D/S Cowger

Affiant's name

[Signature]
Signature of Attesting LEO Witness

SGT J. TURNER 2509
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 Courts Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Page _____ of _____ Pages

Report Date 11-09-2020	Report Time 2352	Orig. Reported Date 11-08-2020	Nature of Call (for Incident) Baker Act	Agency Report Number 20-20484	1. Original 2. Supplement		
Status Code: 1. Evidence 6. Recovered		7. Recovered (Outside Agency Recovered)	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 # 1	Status 22	Category y	Quantity 1	Description Black Bersa Thunder 380 firearm		
If Gun	Make Bersa	Model Thunder380	Caliber 380	Type / Cat handgun	Action slide	Finish black	Serial Number 99821
Leave Blank:	Item # 2	Status 22	Category y	Quantity 5	Description .380 ammo, (5 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
Leave Blank:	Item #	Status	Category	Quantity	Description		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number

INITIALS
 Respondent: [Signature]
 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: [Signature]
 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.

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) _____

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 11/9/2020, at [Redacted], Ormond Beach.

SIGNATURES
 Respondent: [Signature] Date: 11/9/2020
 Deputy: [Signature]

CUSTODY	Item # 1-2	Date: 11-09-20	Time: 0056	Released by (Printed): [Redacted]	Released by (Signature): [Signature]	Received by (Printed): Deputy K Cowger	Received by (Signature): [Signature]		
	Reason for Change: release for RPO								
CUSTODY	Item # 1-2	Date: 11-09-20	Time: 0200	Released by (Printed): Deputy K Cowger	Released by (Signature): [Signature]	Received by (Printed): D3N	Received by (Signature): [Signature]		
	Reason for Change: Safe keeping for ROP								
ADMIN.	Officer Reporting - Printed Deputy K. Cowger			Officer Reporting - Signature [Signature]			ID Number 8432	Unit 1X31	Date 11-09-2020
	Officer Reviewing - Printed (If Applicable) [Signature]			Officer Reviewing - Signature (If Applicable) [Signature]			ID Number 25009	Unit 1A30	Date 11/9/20