

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]

VCISO Case Number  
190026922

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF Volusia

I, *{full legal name}* Angelo Graziano, in my position as *{job title}* Deputy Sheriff with the *{name of law enforcement officer/agency}* Volusia County S.O, 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 12-18-2019, at approximately 0820 hours, Deputies were dispatched to [REDACTED] [REDACTED] Deland, in reference to a domestic disturbance. Upon arrival Deputy Graziano took [REDACTED] [REDACTED] into custody for battery, Tampering with a witness and possession of controlled substance. Victim stated he was going to kill her with his firearm.

1 Additional pages are attached.

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

[REDACTED] stated [REDACTED] advised her he was going to kill her with his firearm. The firearm was located in a dresser drawer within 10 feet of the argument.

1 Additional pages are attached.

3. Affiant \_\_\_ is  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>1</u>	Type <u>handgun (S&amp;W)</u>	Location <u>[REDACTED]</u>
Quantity <u>2</u>	Type <u>Silver magazine</u>	Location <u>[REDACTED]</u>
Quantity <u>14</u>	Type <u>.380 caliber</u>	Location <u>[REDACTED]</u>
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: 12/18/19 Signature of Affiant: A. Amb #9022

Sworn to or affirmed and signed before me on 12/18/19 by D/S Graziano

Date Affiant's Name

who  is personally known to me or \_\_\_ presented L.E.O., as identification.

[Signature] #8957

Attesting LEO Witness or Notary Public, State of Florida

My commission expires: LEO



VOLUSIA COUNTY SHERIFF'S OFFICE

Clerk of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

EVENT	Report Date 12/18/19	Report Time 0832	Orig. Reported Date 12/18/19	Nature of Call (for Incident) Domestic Violence	Agency Report Number 190026922	1. Original 2. Supplement	1		
CODE	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)
PROPERTY	Leave Blank:	Item # 1	Status 23	Category y	Quantity 1	Description BodyGuard 380			
	If Gun	Make S&W	Model Bodyguard	Caliber 380	Type / Cat PI	Action	Finish	Serial Number KBP2326	
PROPERTY	Leave Blank:	Item # 2	Status 23	Category y	Quantity 14	Description WIN 380 Auto			
	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number	
PROPERTY	Leave Blank:	Item # 3	Status 23	Category y	Quantity 2	Description Silver magazine clips			
	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 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**  
 Respondent: in custody Date: 12-18-19 Deputy: A. Graziano 9022

CUSTODY	Item # 1-3	Date: 12/18/19	Time: 1341	Released by (Printed): A. Graziano	Released by (Signature):	Received by (Printed): Evidence	Received by (Signature):	
	Leave Blank				Reason for Change: District 2 evidence			
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 A. Graziano			Officer Reporting - Signature <u>A. WB</u>		ID Number 9022	Unit 1C25	Date 12/18/19
	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit	Date