

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} _____

VSO Case Number
220010402

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} _____ DARYL LEON WARD II _____, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} VOLUSIA SHERIFF OFFICE, swear and affirm that the following facts are true and correct.

1. {Name of Respondent} _____ 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:

SEE CONTINUATION FORM

1 Additional pages are attached.

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

_____ stated after _____ become upset from an argument they had he threatened to shoot himself in the head with his pistol, Springfield XD5 9mm (S/N S3722461).

0 Additional pages are attached.

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST {Name of Respondent} _____

VSO Case Number
220010402

AFFIDAVIT CONTINUATION

FROM SECTION 1
PAGE 2 OF 2

not threaten anyone with his firearm.

_____ vehicle, Gray Chevy Traverse bearing FL tag _____, was located by Deputy King at the intersection of Martin Luther King Boulevard and State Road 472 utilizing the License Plate Reader software. A felony stop was initiated by deputies to secure _____. Deputies located _____ pistol in his glove box with a magazine containing 7 9mm rounds inside of its holster. Deputies also located 3 12 gauge shotgun shells in the trunk of the vehicle. _____ vehicle was turned over to the care of his sister.

It should be noted that _____ pistol did not have a round chambered when inspected by Deputy Barry.

Deputy Ward collected the pistol, magazine, 9mm ammo, and shotgun shells and submitted them to the District Two evidence locker. Deputy Ward completed the required paperwork to file a Risk Protection Order against _____

Deputies spoke to _____ who stated the following:

_____ advised he did not make any suicidal statements.

Based upon the facts and circumstances along with the statements provided, Deputy Barry determined without proper care or treatment there was significant likelihood _____ would suffer from self harm or neglect. _____ was taken into protective custody under the Baker Act and subsequently transported to Stuart Marchman Act without incident.

Case Status: Closed.

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>9mm</u>	Location	<u>VSO Evidence</u>
Quantity	<u>7</u>	Type	<u>9mm rounds</u>	Location	<u>VSO Evidence</u>
Quantity	<u>3</u>	Type	<u>12 gauge shells</u>	Location	<u>VSO Evidence</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: 05/28/2022 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 28 day of May, 2022, by DARYL LEON WARD II
Affiant's name

 #9422
Signature of Attesting LEO Witness

D/S Daniels
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

Page 1 of 1 Pages

EVENT	Report Date 05-28-2022	Report Time 0100	Orig. Reported Date 05-28-2022	Nature of Call (for Incident) SUICIDAL PERSON	Agency Report Number 220010402	1. Original 2. Supplement	1
CODE	Status Code: 1. Evidence Recovered 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 17	Category Y	Quantity 1	Description SPRINGFIELD XD5 W/MAGAZINE	
PROPERTY	If Gun	Make SPRINGFIELD	Model XD5	Caliber 9MM	Type / Cat SEMI	Action DOUBLE	Finish SILVER
PROPERTY	Leave Blank:	Item # 2	Status 17	Category Y	Quantity 7	Description X7 9MM ROUNDS	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number
PROPERTY	Leave Blank:	Item # 3	Status 17	Category Y	Quantity 3	Description X3 SHOTGUN SHELLS	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number
PROPERTY	Leave Blank:	Item #	Status	Category	Quantity	Description	
PROPERTY	If Gun	Make	Model	Caliber	Type / Cat	Action	Finish Serial Number

INITIALS

Respondent 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 05-28-2022

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.

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 05-28-2022, at DR MARTIN L KING JR BELTWAY/472

SIGNATURES

[Signature] Respondent 5-28-22 Date [Signature] Deputy

CUSTODY	Item # 1-3	Date: 5-28-22	Time: 0600	Released by (Printed): Wendy D.	Released by (Signature): [Signature]	Received by (Printed): D2 Evidence	Received by (Signature):
CUSTODY	Leave Blank	Reason for Change: Seized for RPO					
CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):
CUSTODY	Leave Blank	Reason for Change:					
ADMIN.	Officer Reporting - Printed D/S K BARRY			Officer Reporting - Signature [Signature]		ID Number 8993	Unit 1D24
ADMIN.	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit
ADMIN.						Date 05-28-2022	Date