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

i kurunga mana di Kesbor	TECTION ORDER udent}	24-13500
AGAINST {Name of Respon		_
	<u>AFFIDAVIT</u>	
ATE OF FLORIDA		
OUNTY OF VOLUSIA		
I (full local name)	R.GOMEZ	, in my position as $\{job\}$
I, {full legal name}e} DEPUTY II		of law enforcement officer/agency}
· · · · · · · · · · · · · · · · · · ·	` `	following facts are true and correct.
<u>DEGGIA BIREIGIT B OTTICE</u> , S	swear and arritin 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	
		using, possessing or receiving a
	•	atements, actions, or facts give rise
to a reasonable fear of significant	icani dangerous acis by u	le respondent.
SEE ATTACHED		
		1
YES Additional pages a	are attached.	
YES Additional pages a	are attached.	
YES Additional pages a	are attached.	
	are attached.	provided the following
2. {Name of Witness}		provided the following
2. {Name of Witness}information based on his/her		provided the following
2. {Name of Witness}		provided the following
2. {Name of Witness}information based on his/her		provided the following
2. {Name of Witness}information based on his/her		provided the following
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3.	Affiant is respondent under a	_		ng protectio	n order governing the
	Known p	rotection	orders are attache	d	
4.	1 , 11				munition the petitioner ession, custody or control are
	Quantity	l Type	HANDGUN	Location	3887 TIGER BAY RD, DB
	Quantity				3887 TIGER BAY RD, DB
	Quantity	1 Type	MAGAZINE	Location	3887 TIGER BAY RD, DB
	Quantity	Туре		Location	
	Quantity	Туре		_ Location	
	Quantity	Туре		Location	
Dated Swort	1:06/17/2024 to (or affirmed) and J day of J	S	ignature of Affian	ns of X phy	sical presence or online notarization,
		1	11: 0550		SGT. P. CARELLI
Signatu	are of Attesting LEO Witne	Care	11, 8,3	Print na	me of Attesting LEO Witness
			OR		
Signati	ure of Notary Public				
(Print,	Type, or Stamp Commiss	oned Name	of Notary Public)	_	
Person	nally known or I	Produced Id	entification		
(F)	of Identification Produced)			

AGAINST {Name of Respondent}

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AFFIDAVIT CONTINUATION

FROM SECTION 1&2
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BWC RECORDING
On 6/16/24 at approximately 1923 hours, Deputy Gomez was dispatched and responded to Deltona, in reference to an attempted suicide. Volusia County Central Dispatch advised the attempted suicide was caused from an attempted hanging. Upon arrival Deputy Gomez made contact with (V1) who was located in the west side of the residence in a bedroom crying with red marks all over his neck.
refused to provide any information of the incident with deputies and did not give a reason as to why he attempted to commit suicide.
Deputies made contact with a spouse, (O1) who advised she saw hanging himself in the bathroom with a black strap. Another house member was able to prevent from doing further damage to himself from hanging himself. The hen called and shortly after, deputies arrived on scene.
Based on the above stated information, Deputy Gomez determined there was a significant likelihood that without care or treatment, ould cause serious bodily harm to himself, as evident by recent behavior. Deputy Gomez further determined was unable to determine for himself whether psychological examination was necessary. Deputy Gomez placed nto protective custody under the provisions of the Baker Act.
It should be noted while in the back seat of the patrol vehicle uttered, he had pulled the trigger on his Taurus G2C (SN also in efforts to commit suicide however, the firearm failed to fire. also stated he wanted to die several times while in the back of Deputy Gomez's patrol vehicle.
Deputies seized the firearm and later filed a risk protection order on
was then transported to Halifax Health Hospital for further evaluation and treatment.

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24-13500	

Respectfully submitted the	nis 17TH	day of	JUNE	, 2024.
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far Gomez 9622

Signature of Petitioner

VOLUSIA SHERIFF'S OFFICE

Law Enforcement Agency

123 W INDIANA AVE, DELAND, FL, 32170

Service Address