

**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
240020239

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} _____ Kevin Naranjo _____, in my position as {job title} _____ Deputy Sheriff _____ 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} _____ 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:

BWCOn 9/12/2024, at approximately 2356, Deputy Naranjo arrived at _____ Deltona, in reference to a disturbance. Upon arrival Deputy Naranjo made contact with _____ (O1) who advised to Deputy Naranjo she and her boyfriend _____ (V1) have been drinking the entire night of 9/12/2024 and _____ has been upset because his long time friend committed suicide recently. _____ advised that she then went to sleep for the night when she was awoken from her sleep by _____

2 _____ Additional pages are attached.

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

_____ Additional pages are attached.

3. Affiant ☐ is ☒ 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>380 REVOLVER</u>	Location	<u>SAFE</u>
Quantity	<u>UNK</u>	Type	<u>RIFLES</u>	Location	<u>SAFE</u>
Quantity	<u>UNK</u>	Type	<u>HANDGUNS</u>	Location	<u>SAFE</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: 09/13/2024

Signature of Affiant: 

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

this 13 day of September, 2024, by D/S NARANJO

Affiant's name



Signature of Attesting LEO Witness

Valente Estrada

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)

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_____ 2 _____ Additional pages are attached.

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

_____ resides with _____ and stated to deputies he has multiple firearms in the safe.

_____ Additional pages are attached.

AFFIDAVIT CONTINUATIONFROM SECTION 1PAGE 2 OF 2

_____ with a gun being shoved into her neck. _____ stated she told _____ to put the firearm away while she was on the phone with _____ services. _____ was unable to describe the firearm that _____ shoved into her neck. Deputy Naranjo observed no physical marks in her neck area, indicating her allegations. _____ advised that she does not have access to the firearms because she has attempted suicide in the past. _____ verbally swore to the statements she provided to deputies.

Deputy Naranjo made contact with _____, who advised the following after he was made aware of his Constitutional rights: he and _____ had been drinking when he fell asleep in the bedroom and was awoken by _____, who began arguing with him over him being in contact with a female friend. _____ advised the female friend was the sister of his friend who committed suicide. _____ stated when the argument began, he was trying to place the firearm in the safe because of _____'s mental health conditions. _____ advised _____'s diagnosed with Bipolar disorder as well as Schizophrenia and that _____ has attempted suicide in the past. _____ stated he never pointed or threatened _____ with the firearm. _____ verbally swore to the statements he provided to deputies.

Deputies reviewed the _____ call made by _____ in which _____ was heard stating he was going to put a bullet in his head and it would all be over. _____ is also heard in the background telling _____ to put the firearm away.

Deputies made contact with _____ again and questioned him about the statement he made during the _____ call in which he confirmed he wanted to put a bullet in his head. After speaking with _____ Deputy Naranjo determined without psychological evaluation and treatment, he posed a significant danger to himself. _____ was placed into protective custody under the Baker Act and transported to Halifax Hospital in Daytona Beach for further evaluation without further incident.

Based upon the investigation, and lack of physical evidence, and _____ unable to identify the firearm that _____ allegedly shoved into her neck. It was determined the allegations of aggravated assault by _____ were unfounded. Case Status: Closed.

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_____ Known protection orders are attached


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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: 09/13/2024

Signature of Affiant: 

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

this 13 day of September, 2024, by D/S NARANJO

Affiant's name

 ⁹⁷⁵²
Signature of Attesting LEO Witness

Caden S. Buettner ⁹⁷⁵²
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)