

**IN THE CIRCUIT COURT,
SEVENTH JUDICIAL CIRCUIT
IN AND FOR FLAGLER COUNTY, FLORIDA**

CASE NO.: 16-01082-CFFA

STATE OF FLORIDA

VS.

TYRONE OXENDINE /

DOB: 10/09/1981, SSN: [REDACTED]

B/M, HT: 508, WT: 190

Address: 612 CARLIN ROAD, , SATSUMA, FL 32189

MOTION TO REVOKE BOND

COMES NOW, the State of Florida, by and through the undersigned Assistant State Attorney, and pursuant to Fla. Statue 903.0471, hereby moves this Honorable Court to revoke the present bond of the defendant because there is probable cause to believe the defendant committed a new offense while on pretrial release in this case. Specifically, the State would show:

1. On December 20, 2016, the Defendant was arrested on a warrant signed by the Honorable Judge R. Lee Smith for committing the instant offense of Burglary of a Dwelling. He subsequently bonded out of the Putnam County Branch Jail on a monetary bond. A copy of the warrant in this case and affidavit of arrest are attached to this motion for the Court's review.
2. After posting bond, the defendant was arrested on January 9, 2018, by Crescent City Police Department for the charge of Resisting Arrest Without Violence, a first degree misdemeanor. That case is currently pending in Putnam County Court, case number 2018-0111MMMA. A copy of the charging affidavit attesting to these charges involving this defendant is attached to this motion for the Court's review.

3. Because there is now probable cause to believe that the defendant has committed a new crime while on Pre-trial release, as contemplated in Fla. Statute 903.0471, the State requests that this Court revoke Defendant's bond and hold him in custody until the instant case is resolved.

WHEREFORE, the State of Florida respectfully requests this Court enter an Order revoking the defendant's bond and to hold the defendant in custody without bond during the pendency of this case.

R.J. LARIZZA
STATE ATTORNEY

By: s/MELISSA L CLARK
ASSISTANT STATE ATTORNEY
Florida Bar No.: 0499625
ESERVICEFLAGLER@SAO7.ORG

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy hereof has been furnished by mail/delivery to JAMES D CROCK, 444 SEABREEZE BLVD., SUITE 650, DAYTONA BEACH, FL 32118, on January 12, 2018.

s/MELISSA L CLARK
ASSISTANT STATE ATTORNEY
Florida Bar No.: 0499625
1769 EAST MOODY BLVD BLDG 1
THIRD FLOOR
BUNNELL, FL 32110
(386) 313-4300
ESERVICEFLAGLER@SAO7.ORG

FLAGLER County Warrant Number: _____

FELONY WARRANT

STATE OF FLORIDA

VS.

**IN THE CIRCUIT COURT FOR
FLAGLER COUNTY, FLORIDA
CASE NUMBER: 16-1085 CFFA
AGENCY: FLAGLER COUNTY SHERIFFS
OFFICE
AGENCY REPORT NO. 11593916**

TYRONE OXENDINE

CHARGE(S):

- **BURGLARY OF AN UNOCCUPIED DWELLING**

B/M: DOB: 10/09/1981; SSN: [REDACTED]

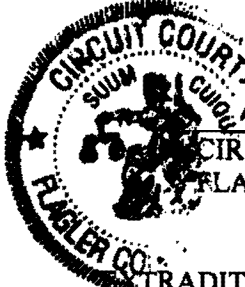
HGT.: 508 / WGT.: 155

In the name of the State of Florida, to All and Singular the Sheriffs of the State of Florida:

WHEREAS, Detective Joseph Barile has made oath before Eric Glasgow, A Law Enforcement Officer, that one, TYRONE OXENDINE, on or about December 20, 2016, in the County of FLAGLER and State of Florida, did knowingly enter or remain in an unoccupied dwelling, which was property owned by or in the possession of Charles Cowart, with the intent to commit an offense therein, contrary to Florida Statute 810.02(3)(b) and 810.02(1). (2 DEG FEL)

These are, therefore, to command you to arrest instanter the above named accused and bring him before the CIRCUIT Court, FLAGLER County, Florida, at the next scheduled 24-hour appearance hearing following his arrest, unless he/she shall first post bond in the amount of \$ 20,000.

Given under my hand and seal this 20th day of December, 2016.


[Handwritten Signature]
CIRCUIT JUDGE
FLAGLER COUNTY, FLORIDA

EXTRADITION INFORMATION:

ENTER INTO NCIC/FCIC
NATIONWIDE



PUTNAM COUNTY SHERIFF'S OFFICE
130 ORIE GRIFFIN BLVD
PALATKA, FL 32177

REPORT NUMBER
PCSO55ARR005440

ARREST REPORT

Report Date / Time 12/20/2016 07:21 PM	Agency Case/Offense Number PCSO16OFF066579	OCA Number	Offending Agency Case Number	OBTS Number 57020019	Offender Based Transportation System	Jail Booking Number 16-382	Other Number PCSO16CAD064128
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2016 CF 001082

LOCATION OF OCCURRENCE

County PUTNAM	Address 612 CARLIN RD, SAN MATEO, FL 32187	
Range of Occurrence Date/Time 12/20/2016 01:16 PM to 12/20/2016 01:16 PM	Latitude 29.57528000	Longitude -81.59823000

PERSON: SUSPECT

First Name TYRONE	Middle Name	Last Name OXENDINE	Suffix	Date of Birth 10/09/1981	Age 35	Race B	Sex M	Height 508	Weight 190	Hair BLK	Eyes BRO
Master Name Index Number PCSO11MNI000705	Place of Birth TRENTON	Nation UNITED STATES	SSN	Driver's License or Other ID O253800813890	State FL	Class or Type E					
Address 612 CARLIN RD		City SATSUMA	County PUTNAM	State FL	Zip Code 32189	Phone 3862271334					

CHARGES

Counts 1	Charge Number 801.04	Charge OUT-OF-COUNTY WARRANT
Charge Degree	Charge Level	General Offense Code PRINCIPAL
		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence Bond Amount \$0.00

PROBABLE CAUSE

Flagler County Warrant
 Charge: *Burglary of Dwelling Unoccupied*
 Case #: 161082CFFA
 Bond: *\$20,000*
Judge Smith

LEO BOND

Bond Amount \$	<input type="checkbox"/>
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COURT APPEARANCE INFORMATION

Court PUTNAM COUNTY COURT	Court Phone (386) 329-0361	Court Date & Time
Court Address 410 ST. JOHNS AVE - ROOM 316, PALATKA, FLORIDA 32177		
Instructions		

ARREST INFORMATION

Arrest Date / Time 12/20/2016 03:06 PM	Residency Within Jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests Yes	Arrest Jurisdiction Within Jurisdiction	Alcohol No	Drugs No	

ARREST LOCATION

County PUTNAM	Address 812 CARLIN RD, SAN MATEO, FL 32187
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ARREST DELIVERED TO

Jail / Booking Facility PUTNAM COUNTY JAIL	Location 130 ORIE GRIFFIN BLVD, PALATKA, FLORIDA	Phone (386) 329-0854
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ARRESTING OFFICER

Officer Call Number 34332 D1351	Officer Name D. TAYLOR M. Keith	Officer Signature <i>[Signature]</i>
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Subscribed and sworn to (or affirmed) before me this 20 day of DEC A.D., 16 by _____ who is _____ personally known to me or has produced _____ as identification.

[Signature] _____ Notary Public LEO CO Commission No: _____ My Commission Expires: _____

18-0078

FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OBTS # <u>5407006392</u>		ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 7TH JUDICIAL CIRCUIT		1. Arrest <input type="checkbox"/> 2. Notice to Appear <input type="checkbox"/> 3. Arrest Affidavit <input type="checkbox"/>		4. Compl. Affidavit <input type="checkbox"/> 5. Request Capias <input type="checkbox"/> 6. Juvenile Ref. <input type="checkbox"/>		1 <input type="checkbox"/> Juvenile											
Agency ORI Number: FL0540200		Agency Name: CRESCENT CITY POLICE DEPARTMENT		Agency Case #: 18-01-000017															
Check Type. Check as many as apply: <input checked="" type="checkbox"/> 1. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 2. Felony <input type="checkbox"/> 3. Ordinance <input type="checkbox"/> 5. Other/Capias		Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type:		Agency Arrest # or Court Case #													
Location of Arrest (Include Name of Business): 626 GUNBY CT		City: CRESCENT CITY		Business Name, Address: 626 GUNBY CT		City: CRESCENT CITY													
Date of Arrest: 01/09/2018		Time of Arrest: 10:39 AM		Date of Booking:		Time of Booking:		Jail Date:		Jail Time:		Fingerprinted by:							
Booking #:		SPN #:		Other ID #:		FCIC/NCIC #:		DOC #:		FBI #:		<input type="checkbox"/> ID Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal							
Name (Last, First, Middle, Suffix): TYRONE OXENDINE										Alias/Maiden:									
Race: W-White		Sex: M		Date of Birth: 10/9/1981		Height: 5'03"		Weight: 190 LBS		Eye Color: BRO		Hair Color: BLK		Complexion: DARK		Build: MEDIUM			
SCARS/MARKS/TATOO'S (Location/Describe):										Indication of Alcohol Intoxication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		<input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. FL <input type="checkbox"/> 4. Out-of-State							
Local Address: 812 CARLIN RD		City: SATSUMA		State: FL		Zip Code: 32189		Phone #:		Address Source:		<input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. FL <input type="checkbox"/> 4. Out-of-State							
Permanent Address: 812 CARLIN RD		City: SATSUMA		State: FL		Zip Code: 32189		Phone #:		Address Source:									
Street Address:		City:		State:		Zip Code:		Phone #:		Occupation:									
DL # 0253-800-81-369-0		DL State FL		Soc. Sec. # 151-72-9637		INS #:		Place of Birth NJ		Country of Citizenship USA									
Co-Defendant Name (Last, First, Middle):				Race:		Sex:		Date of Birth:		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor									
Co-Defendant Name (Last, First, Middle):				Race:		Sex:		Date of Birth:		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor									
Activity: S. Sell		R. Smuggle		K. Dispense/Distribute		Type: N. N/A		B. Barbiturate		H. Hallucinogen		F. Paraphernalia/Equipment		U. Unknown					
M. N/A		S. Buy		M. Manufacture/Produce/Cultivate		A. Amphetamine		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other					
P. Possess		T. Traffic		E. Use		Z. Other		E. Heroin		O. Opium/Deriv.									
Charge Description: RESIST OFFICER - OBSTRUCT WO VIOLENCE		Counts: 1		<input checked="" type="checkbox"/> F.S.S.		State Statute: 843.02		Ordinance #:											
Drug Activity:		Drug Type:		Drug Amount:		State Attorney Number:		Court Number:		Bond Amount: \$500.00									
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date: 01/08/2018		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest													
Charge Description:		Counts:		<input type="checkbox"/> F.S.S.		State Statute:		Ordinance #:											
Drug Activity:		Drug Type:		Drug Amount:		State Attorney Number:		Court Number:		Bond Amount:									
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date:		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest													
Charge Description:		Counts:		<input type="checkbox"/> F.S.S.		State Statute:		Ordinance #:											
Drug Activity:		Drug Type:		Drug Amount:		State Attorney Number:		Court Number:		Bond Amount:									
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date:		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		<input type="checkbox"/> Order of Arrest													
<input type="checkbox"/> Mandatory Appearance in Court.				Location:				Date:				Time:							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
Defendant/Juvenile Signature:				Parent/Guardian Signature:				Released To:				Date:				Time:			
<input type="checkbox"/> Mirande Warning		Hold For(Agency):		Verified By:		Bond Date:		Bond Charge #:		Bond Charge #:									
<input type="checkbox"/> Adults Only		Hold for First Appearance		Reason:		Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other		Bond Type:		Bond Type:									
I swear/affirm the above and attached statements are true and correct.				Sworn and subscribed before me, the undersigned authority this <u>9</u> day of <u>January</u> , 2018.				Return to Court:		<input type="checkbox"/> A.M.		<input type="checkbox"/> P.M.							
Officer's / Complainant's Signature:				Signature of Person Administering Oath:				Date:		Time:		<input type="checkbox"/> A.M.		<input type="checkbox"/> P.M.					
TIMOTHY FRAUENHOFER CS				L. S. Titum				Released by:		Time:		<input type="checkbox"/> A.M.		<input type="checkbox"/> P.M.					
Name(Printed):				Name(Printed):				Title:		Page:		1 of 5							

PROBABLE CAUSE CONTINUATION

Agency ORI Number FL0540200	Agency Name CRESCENT CITY POLICE DEPA	Agency Case # 18-01-090017	CBYS #
Name (Last, First, Middle, Suffix) OXENDINE TYRONE		Date Of Birth 10/9/1981	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law: On 01/09/2018 at 10:38 (Specifically include facts constituting cause for arrest.) TYRONE OXENDINE did knowingly and intentionally resist, obstruct or oppose OFC TIM FRAUENHOFER, a law enforcement officer with the Crescent City Police Department, in the execution of a legal process or in the lawful execution of a legal duty, without offering or doing violence to the person of such officer, to wit: TYRONE OXENDINE REFUSED TO HAND OVER ID WHEN ORDERED TO, contrary to Florida Statute 843.02.			

PROBABLE CAUSE STATEMENT 1



Officer's / Complainant's Signature

TIMOTHY

Name(Printed)

FRAUENHOFE (C,CS)

ID NO.

PROBABLE CAUSE CONTINUATION

Agency ORI Number FL0540200	Agency Name CRESCENT CITY POLICE DEPA	Agency Case # 18-01-090017	OBTS #														
Name (Last, First, Middle, Suffix) OXENDINE TYRONE			Date of Birth 10/9/1981														
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1												
	Street Address		City	State	Zip Code	Phone #2											
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1												
	Street Address		City	State	Zip Code	Phone #2											
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property												
	Place of Employment(Name and Address)		Length of Employment	Previous Employment(if current less than 2 years)													
<p>The Defendant named on the Arrest Notice to Appear document came before me for Advisory and Solvency hearing on the _____ day of _____, 20____ at _____ am/pm, and was advised by me on the charge against him, his right to remain silent, that any statements by him may be used against him, his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.</p> <p style="text-align: center;">I FURTHER CERTIFY THAT:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Defendant has advised the court that he has retained counsel, or will retain counsel.</td> <td><input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.</td> </tr> <tr> <td><input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.</td> <td><input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.</td> </tr> <tr> <td><input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.</td> <td><input type="checkbox"/> The probable cause determination is hereby passed 72 hours.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Order of No Imprisonment(ONI)</td> </tr> </table> <p>BOND ACTION TAKEN, if any _____ JUDGE: _____</p> <p><input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files and appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.</p> <p><input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____</p> <p><input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory.</p> <p>Defendant's Signature _____ Defendant's Attorney Signature _____</p>						<input type="checkbox"/> Defendant has advised the court that he has retained counsel, or will retain counsel.	<input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.	<input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.	<input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.	<input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.	<input type="checkbox"/> The probable cause determination is hereby passed 72 hours.		<input type="checkbox"/> Order of No Imprisonment(ONI)				
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	<input type="checkbox"/> Order of No Imprisonment(ONI)																
<p>WAVES</p> <p>I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).</p> <p>Defendant's Signature _____</p>																	
ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER																	
<p>Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein.</p> <p>IT IS, THEREFORE, the Judgement, Order, and Sentence of the court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.</p> <p>DONE, ORDERED, AND ADJUDGED in open Court at _____ County, FL, on _____</p> <p>JUDGE _____ COUNTY COURT in and for _____ County, Florida.</p>																	
<table style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Charge</th> <th style="width: 33%;">Action</th> <th style="width: 33%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						Charge	Action	Date									
Charge	Action	Date															
<p>FIRST APPEARANCE</p> <p>Bond Amount \$ _____ Cash/Surety Receipt # _____</p> <p>ESTREATED BY(Judge): _____ Date: _____</p>																	


 Officer's / Complainant's Signature

TIMOTHY
 Name(Printed)

FRAUENHOFER C6
 ID NO.

