

Arrest <input checked="" type="checkbox"/> Notice to Appear <input type="checkbox"/> Affidavit <input type="checkbox"/>		Arrest# _____	DJJ# _____	Court Case# _____	
(ORI) FL: 0   1   8   0   0   0   0		Agency Name: <b>Flagler County Sheriff's Office</b>		Agency Case Number: <b>2023-00017006</b>	
FCIC/NCIC Check? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		OBT#:	UCR:	Date Arrested: <b>02/21/2023</b>	Time of Arrest: <b>10:19</b>
Address of Arrest: <b>3535, PIRATE NATION, WAY, PALM COAST, Florida, 32137-</b>			Arrested By: <b>King, Dennis</b>	ID #: <b>995</b>	
<b>CHILD</b>	Name: (L,F,M) <b>DEPA, BRENDAN J</b>		A.K.A:		Race: <b>BLACK AFRICAN AMERICAN</b>
DOB: <b>08/22/2005</b>	Age: <b>17</b>	DL / ID#:	State:	Year Expires:	Social Security #: - - -
Height: <b>6'6</b>	Weight: <b>270</b>	Hair:	Eyes:	Place of Birth: (City, State, Country)	
Scars, Marks, Tattoos:			School: <b>MATANZAS HIGH SCHOOL</b>		Citizenship: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Probation: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Sexual Predator: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		English: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Address- Mailing Permanent:		(Street, Apt, Number)	(City)	(State)	(Zip Code) (Residence Phone)
Address- Local:		(Street, Apt, Number)	(City)	(State)	(Zip Code) (Residence Phone)
Address- Other: (Employer, School)		(Street, Apt, Number)	(City)	(State)	(Zip Code) (Bus/School Phone)
<b>3535 PIRATE NATION WAY</b>		<b>PALM COAST</b>	<b>Florida</b>	<b>32164-</b>	<b>(386)986-6723</b>
<b>3535 PIRATE NATION WAY</b>		<b>PALM COAST</b>	<b>Florida</b>	<b>32137-</b>	<b>(386)447-1575</b>
<b>CHARGES</b>	Domestic Violence? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infractions(s) <input type="checkbox"/> DUI <input type="checkbox"/>			Total Charges: <b>1</b>
1	Charge: <b>AGG BATTERY - BODILY HARM</b>	Fel <input checked="" type="checkbox"/> Misd <input type="checkbox"/> Ord <input type="checkbox"/>	FS/ORD: <b>784.03.1.B.2</b>		Citation#:
2	Charge:	Fel <input type="checkbox"/> Misd <input type="checkbox"/> Ord <input type="checkbox"/>	FS/ORD:		Citation#:
<b>CO-CHILD / CO-ADULT DEF</b>	#1 Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>			#2 Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>	
1	Name: (L,F,M)	Race:	Sex:	DOB:	Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/>
2	Name: (L,F,M)	Race:	Sex:	DOB:	Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/>
<b>NARRATIVE</b>	The undersigned certifies and swears that there is probable cause to believe the above named child, on the <b>21th</b> day of <b>February</b> <b>2023</b> , at approximately <b>10:19</b> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> at _____ within <b>Flagler</b> county, violated the law and did then and there:				
<b>*****MARSYS LAW*****</b>					
<b>On 02/21/2023 at 10:06 AM, I, Deputy King, was working as the School Resource Deputy (SRD) at Matanzas High School when I was called by MHS employees over the radio requesting help for an incident</b>					
<b>Supervisor Approved: Meehan, Shane Patrick 02/21/2023</b>					
Sworn to and subscribed before me, the undersigned, this <b>21</b> day of <b>Feb</b> , <b>23</b>		I swear / affirm the above narrative is correct and true			Right Thumb
Name: <b>Dep King</b>		Arresting Officer's / Complainant's Signature <b>D. King</b>			Date
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		Name (Printed) <b>Dennis King</b>		ID# <b>995</b>	
Produced Identification <input type="checkbox"/> Personally Known <input type="checkbox"/>		Type of Identification:			
<b>NOTICE TO APPEAR</b>					
I am the (Parent/Adult Relative/Legal Guardian) _____ of (Child's Full Name) _____ and promise to ensure that the child appears on (Date) _____ at (Time) _____ in Juvenile Court located at _____. I also promise immediately to notify the State Attorney Juvenile Division at (Telephone) ( ) - _____ and the Clerk of Court at (Telephone) ( ) - _____ of any change in the child's address.					
Parent / Adult Relative / Legal Guardian's Signature		Address		Telephone ( ) - _____	Date
I, (Child's Name) _____, understand that I have been charged with a law violation(s), as set forth, and that I am being released at this time to the custody of the above Parent/Adult Relative/Legal Guardian. I promise to appear in Juvenile Court on the date and time as set forth, and to appear as required for any additional conferences or appearances scheduled by Department of Juvenile Justice (DJJ), State Attorney's Office (SAO) or the court. I understand that my failure to appear shall result in a custody order being issued and that I will be picked up and taken to detention.					
Child's Signature		Date	Releasing Officer / DJJ Official (Printed)	DJJ Intake Telephone ( ) - _____	Date: _____
					ID#:

JUVENILE 707 - COURT COPY

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear

Adult  
 Juvenile

Court Case Number:

Pg #2 of 4

Defendant Name: <b>DEPA, BRENDAN, J</b>		Agency Case Number: <b>2023-00017006</b>	
Name (L,F,M): <b>GUTIERREZ, EFRAIN,</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address <b>3535 PIRATE NATION WAY PALM COAST, Florida</b> (#, Street, City, State):		Zip:	Home Phone: <b>(386)447-1575</b>
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): [REDACTED]	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>WHITE</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address [REDACTED]		Zip:	Home Phone: [REDACTED]
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M): <b>TERRY, FRED,</b>	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address <b>3535 PIRATE NATION WAY PALM COAST, Florida</b> (#, Street, City, State):		Zip:	Home Phone: <b>(386)447-1575</b>
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Home Phone:
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Home Phone:
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Home Phone:
Bus/School Address:		Zip:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	
Relative/Contact Name:		Relative/Contact Address:	

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I. D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Investigating Officer: *D. Hu*

ID Number: **995**

Agency: **FC50**

707-A - COURT COPY

Juvenile 707 - B  
Supplement

Arrest# \_\_\_\_\_

DJJ# \_\_\_\_\_

Court Case# \_\_\_\_\_

Child's Name: <b>DEPA, BRENDAN J</b>					Agency Case Number: <b>2023-00017006</b>	
<b>CHARGES</b>		Domestic Violence? Y <input type="checkbox"/> N <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infractions(s) <input type="checkbox"/> DUI <input type="checkbox"/>			Total Charges:
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:

**NARRATIVE CONTINUED**

that occurred on the second floor.

Deputy Landi and I responded to the second floor where I observed MHS employee and victim [REDACTED] lying on the floor bloody. Student; Brendan Depa was also on the floor being restrained by Dean; Efrain Gutierrez. I observed [REDACTED] had blood on her face from a bloody nose.

I escorted Depa to a classroom with the assistance of Gutierrez, while Deputy Landi rendered aid to [REDACTED] and requested EMT.

While in the classroom, Depa made a statements that he was upset that [REDACTED] took his Nintendo Switch game away from him. Depa made statements that he will beat her up every time she takes away his game.

Deputy Landi came into the classroom and I placed Depa into custody for Aggravated Battery and escorted him to my office. As we walked past [REDACTED] who was being treated by EMS, Depa started to spit towards [REDACTED] and made comments that when he comes back he is going to kill her.

Assistant Principal Fred Terry, Deputy Landi, and I escorted Depa to my office.

[REDACTED] was transported to Advent Hospital by Flagler County Rescue personnel.

I checked the MHS school surveillance video which captured the incident. The video showed Depa (who is 6'6 about 270 lbs) running down the hallway after [REDACTED] Depa pushed [REDACTED] which took [REDACTED] off her feet traveling in the air approximately 5-6 feet and causing her to fall to the ground. [REDACTED] is then motionless and appeared to be unconscious. Depa is observed then kicking her, Depa then got on top of [REDACTED] and repeatedly punched [REDACTED] in the body and back of the head approximately 15 times. At no time was [REDACTED] able to block any of the strikes as she was unconscious. It took several MHS employees to get Depa off of [REDACTED]

While I was typing my report Depa kept asking what is going to happen to him and if he can go back to the group home. I advised him I did not have the answers to his outcome. Depa got upset and started kicking my desk and computer system, which caused my computer monitor to fall. I told Depa to stand up and get out of the chair in attempts to remove him from my office as he was becoming violent. Depa refused to comply. I leaned Depa over my desk and assistant Principal Fred Terry, who was also in my office, called Deputy Landi to my office to assist with transporting Depa to another location.

Sworn to and subscribed before me, the undersigned, this <u>21</u> day of <u>Feb</u> , <u>23</u>		I swear / affirm the above narrative is correct and true		Right Thumb
Name: <u>[Signature]</u> <u>167</u>		Arresting Officer's / Complainant's Signature <u>[Signature]</u> Date		
Notary Public <input type="checkbox"/>	Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	Name (Printed)	I.D. #:	
Produced Identification <input type="checkbox"/>	Personally Known <input type="checkbox"/>	<u>Dennis King</u>	<u>995</u>	
Type of Identification:				

JUVENILE 707-B - COURT COPY

Juvenile 707 - B  
Supplement

Arrest# \_\_\_\_\_

DJJ# \_\_\_\_\_

Court Case# \_\_\_\_\_

Child's Name: <b>DEPA, BRENDAN J</b>	Agency Case Number: <b>2023-00017006</b>
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<b>CHARGES</b>		Domestic Violence? Y <input type="checkbox"/> N <input type="checkbox"/>				Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infractions(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges:
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:		
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:		
#	Charge:	Fel <input type="checkbox"/>	Misd <input type="checkbox"/>	Ord <input type="checkbox"/>	FS/ORD:	Citation#:		

**NARRATIVE CONTINUED**

Deputy Landi requested a transport vehicle to respond to my location.

Deputy Rainey responded to my location and placed Depa into her vehicle while I completed my report.

Deputy Rainey transported Depa to FCIF for processing.

Deputy Landi placed the subpoena for the MHS surveillance video, photos of [REDACTED] injuries, and the surveillance video into LERMS.

This incident was captured on my Axon Video Camera and downloaded.

I was unable to give [REDACTED] the Marcy Law and Victims right brochure to her as she was already transported to the hospital. [REDACTED] will receive the paperwork when she returns to work.

Nothing further.

Sworn to and subscribed before me, the undersigned, this <u>21</u> day of <u>Feb</u> , 23	I swear / affirm the above narrative is correct and true	Right Thumb
Name: <u>Dep. [Signature]</u> 167	Arresting Officer's / Complainant's Signature	Date
Notary Public <input type="checkbox"/> Produced Identification <input type="checkbox"/>	Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/>	Name (Printed) I.D. #:
Type of Identification:		

JUVENILE 707-B - COURT COPY