

# CRESTVIEW POLICE DEPARTMENT ARREST REPORT

CASE NUMBER <b>16-422-0F</b>										AGENCY ORI NUMBER									
1 6 - 1 1 7 - A R										FLD 4 6 0 1 0 0									
FULL NAME (Last, First, Middle) <b>DURGAN CHARLA, RAE LYNN</b>										DRIVER'S LICENSE NO. & STATE <b>D625116957030/FL</b>									
AKA, NICKNAME, MAIDEN <b>N/A</b>										SOC. SEC. NO.									
ADDRESS (STREET, APT, NUMBER) <b>821 SOUTH BRETT STREET CRESTVIEW FL 32536</b>										STATE OF BIRTH <b>FL</b>									
PERMANENT ADDRESS (IF APPLICABLE) <b>N/A</b>										CITIZENSHIP <b>U.S.</b>									
SCARS, MARKS, TATTOOS, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION) <b>TATTOO ON CHEST</b>										PHONE <b>850-612-5286</b>									
NAME OF PARENTS / GUARDIAN IF APPLICABLE <b>Not Applicable</b>										ADDRESS <b>N/A</b>									
NOTIFIED BY (NAME) <b>N/A</b>										PHONE NUMBER <b>N/A</b>									
RELEASED TO <b>N/A</b>										RELATIONSHIP <b>N/A</b>									
COURT INFORMATION <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR										COURT DATE <b>MARCH 8, 2016</b>									
CHARGES: <input checked="" type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										COURT TIME <b>0830</b>									
BATTERY (DOMV)										COURT LOCATION <b>Crestview Courthouse, Courtroom A</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										STATUTE NO. SUB-SECTION CTS <b>7 8 4 0 3 (1)(A)(1) 0 1</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND AMOUNT CHARGE 1 <b>\$</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND TYPE CHARGE 1 <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND AMOUNT CHARGE 2 <b>\$</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND TYPE CHARGE 2 <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND AMOUNT CHARGE 3 <b>\$</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND TYPE CHARGE 3 <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND AMOUNT CHARGE 4 <b>\$</b>									
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV P/U <input type="checkbox"/> FS <input type="checkbox"/> ORD										BOND TYPE CHARGE 4 <input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER									
HOLD FOR FIRST APPEARANCE <input type="checkbox"/> DO NOT BOND OUT REASON										HOLD FOR OTHER AGENCY <input type="checkbox"/>									
PLACE OF ARREST <b>821 SOUTH BRETT STREET CRESTVIEW FL</b>										AGENCY VERIFICATION									
ZONE <b>2</b>										RELEASE DATE <b>2-17-2016</b>									
DATE <b>2-17-2016</b>										RELEASE TIME <b>1251</b>									
LOCATION OF INCIDENT <b>821 SOUTH BRETT STREET CRESTVIEW FL</b>										ZONE <b>2</b>									
WEAPON SEIZED / TYPE 00. Not Applicable 01. Handgun										02. Rifle 03. Shotgun 04. Other Firearm									
05. Knife/Cutting Instrument 06. Blunt Object 07. Poison										08. Explosive 09. Fire/Incendiary 10. Simulated Weapon									
RESIDENCE TYPE 1. City 2. County 3. Florida 4. Out of State										INFLUENCE DRUG 1. Yes 2. No 3. Unknown									
INFLUENCE ALCOHOL 1. Yes 2. No 3. Unknown										NUMBER CLEARED 0 1									
COMPLAINANT <b>I</b>										ADDRESS <b>821 SOUTH BRETT STREET CRESTVIEW FL 32536</b>									
PROBABLE CAUSE (Be Specific) The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named defendant committed the following violation of law. (Locations, include Name of Business)										DRUG ACTIVITY N-Not Applicable B-Buyer K-Dispense/Distribute M-Manufacture/Prod/Cultivate P-Posses R-Smuggle T-Traffic									
SEE ADDENDUM OF PROBABLE CAUSE										DRUG TYPE N-Not Applicable A-Amphetamine B-Barbituate C-Cocaine E-Heroin H-Hallucinogen									
I swear that the above statement is correct and true to the best of my knowledge and belief.										M-Marijuana O-Opium/Derivative P-Paraphernalia S-Synthetic U-Unknown Z-Other									
Officer's / Complainant Signature <i>[Signature]</i>										Sworn to and subscribed before me, the undersigned authority this									
OFF. S. KRISER 24										DATE <b>2/17</b> 20 <b>16</b>									
Officer / Complainant ID No.										Name/Title of Person Authorized to Administer Oath: <i>[Signature]</i>									
OBTS NO.										Full Time Law Enforcement Officer ID No.									
OCA NUMBER										Page <b>0 1</b> of <b>0 2</b>									
ENTERED NCIC										Judge's Name									
FCIC										Judge's Signature									
										Date									

ORIGINAL

CRESTVIEW POLICE DEPARTMENT

CASE NUMBER 16-117-AR

DEFENDANT DURGAN CHARLA, RAE LYNN

ADDENDUM OF PROBABLE CAUSE

On 02/17/2016 the above named defendant committed the act of DOMV Battery in violation of F.S.S. 784.03 1A1. This case is evidenced by the defendant's statement and the statement of the victim.

When I arrived on scene the victim, \_\_\_\_\_ and the defendant were walking back to residence located at 821 South Brett Street. While they were walking \_\_\_\_\_ was talking to the defendant as the defendant yelled at him. I made contact with the defendant who stated she and \_\_\_\_\_ were in a verbal altercation because \_\_\_\_\_ called the victim vulgar names. The defendant stated she slapped \_\_\_\_\_ on the face and then parked the vehicle. Once the vehicle was parked \_\_\_\_\_ grabbed the defendant briefly around the neck area to avoid getting hit again and then immediately let go and got out of the vehicle. The defendant then got out of the vehicle and started to yell and curse at \_\_\_\_\_ as she walked south on South Brett Street.

The defendant stated he did get slapped inside the vehicle and grabbed the defendant around the neck for a very short amount of time and then let go and distanced himself from her. I did not observe any red marks on \_\_\_\_\_ or on the defendant. This case of captured on my department issued body worn camera.

This offense did occur within the City limits of Crestview, Okaloosa County, Florida.

ORIGINAL