



Warrant Affidavit

ST AUGUSTINE POLICE DEPARTMENT
151 KING ST. ST. AUGUSTINE FL 32084

| | | | |
|---|---|--|---|
| Report Date / Time 8/19/2023 10:15 PM | Report Number SAPDCHG0003760M | Case Number/Cad Number SAPD23OFF001972 / SJSO23CAD205416 | Reporting Officer Name BAKER, JERRY L |
| Originating Agency ORI FL0550100 | Occur Date Time Range 08/19/2023 20:25:47 - | Jurisdiction | |
| OBTS Number | Other Number | Clearance | |

Location of Occurrence

| | | | | | |
|----------------------------|----------------------------------|--|--------------------------------|--------------------|--------------------------|
| County ST. JOHNS | Location Type BUSINESS | Location Description CASA MONICA | | | |
| Street Number 95 | Street CORDOVA ST | Apt/Lot/Bldg | City SAINT AUGUSTINE | State FL | Zip Code 32084 |

Suspect

| | | | | | | | | | |
|--|------------------------------|------------------------------------|------------------|----------------------|---|----------------------|--------------------|------|------|
| First Name MAXWELL | Middle Name CROSBY | Last Name AZZARELLO | Suffix | Race WHITE | Sex MALE | Height 504 | Weight 0 | Hair | Eyes |
| MNI # SJSO23MNI013550 | SSN [REDACTED] | Date of Birth 04/11/1987 | Age 36 | ID Type | Drivers License or other ID A264543871310 | State FL | OCA / Agency ID | | |
| Place of Birth: | | | | | | | | | |
| Address * RESIDENCE / 260 SAINT GEORGE ST 11, , FL 32084 / | | | | | | | | | |

Warrant Affidavit

| | | | |
|--|---------------------------------------|--|---------------------------------|
| Sent to Court Date/Time 8/21/2023 1:09:02 AM | Affidavit Status | Affidavit Disposition | Affidavit Disposition Date/Time |
| Court County ST. JOHNS | Court ST JOHNS COUNTY COURT | Court Location 4010 LEWIS SPEEDWAY ST AUGUSTINE, FLORIDA 32084 | |
| Comments | | | |

Charge :

| | | | |
|--|-----------------------------|--|---|
| Counts 1 | Charge 806.13.1b2 | Bond Amount \$0.00 | <input type="checkbox"/> No Bond |
| Charge Degree F | | Charge Level MISDEMEANOR | |
| General Offense Code COMMITTED | | Arrest Offense Code DAMAGE PROP-CRIM MISCH | |
| Charge Description OVER 200 DOLS UNDER 1000 DOLS | | | |
| Administrative Code - Description - | | | |

| | | | |
|--|--|--|--|
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Bond Set by Charges

| | |
|--------------|----------------------------------|
| Bond Amount | <input type="checkbox"/> No Bond |
| Bond Type(s) | |
| | |

Probable Cause

The undersigned certifies and swears that there is probable cause to believe the above -named defendant, who was positively identified by NCIC/FCIC, on the 19 day of August, 2023, at approximately 08:25 A.M. P.M. at the 95 Cordova Street (Casa Monica Hotel) within St. Johns County, violated the law and did then and there:

Criminal Mischief 806.13.1b2

The defendant did unlawfully, willfully and maliciously, injure or damage, or place graffiti thereon or commit an act of vandalism to an autograph by President "Bill" Clinton on a wall of the, the Casa Monica Hotel, contrary to Florida Statute 806.13.1b2.

On the above date and time, the defendant willfully and knowingly committed the act of criminal mischief.

The defendant entered the lobby of the Casa Monica Hotel after eating dinner in their restaurant. The defendant approached an autograph by President "Bill" Clinton that is written on the north wall of the west end of the lobby. The autograph is protected by a picture type frame mounted on the wall around the autograph. The defendant then threw a glass of wine at the wall. The wine glass broke spreading wine on the frame, the wall and the autograph. The defendant then left the hotel. The wine stained the autograph and the surrounding wall when it ran down behind the frame.

The damage is estimated between \$400.00 and \$500.00.

The defendant was interviewed within an hour of the incident and confessed to this offense. This confession was captured on a Saint Augustine Police Department body worn camera.

Citation No. _____

Domestic Violence:

Probation: Yes No If yes, Location: _____ Sexual Predator: Yes No

| | | | |
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English: Yes No _____ Deaf/Mute: Yes No

Attachments, Statements: Traffic Citations: DUI:

| Officer Name Rank / ID # | Involvement On Report / Reporting Role | Officer Agency Org/Unit |
|-----------------------------------|---|--|
| BAKER, JERRY L PATROLMAN P3010 | REPORTING OFFICER | ST AUGUSTINE POLICE DEPARTMENT SAPDPATROL |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

| | | | |
|--|--------------------------|------------------------|--|
| Officer Name BAKER, JERRY L | Office Rank PATROLMAN | Officer ID No P3010 | Sworn and subscribed before me, the undersigned authority This the <u>21</u> day of <u>AUGUST</u> , <u>2023</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT |
| Officer Agency ST AUGUSTINE POLICE DEPARTMENT | | | |
| Officer Signature <i>Officer Jerry L Baker</i> 3010 | | | <i>ofc. Ulupuey #2909</i> |

No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney _____ Date _____