

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA

NO CAPIAS

VS.

CASE NUMBER: 052014CF021572AXXXXX

RONALD GENE GAULDIN
_____ /

INFORMATION

AGGRAVATED BATTERY (COMBINED SEGMENT) (F2) 784.045(1)(a)

IN THE NAME AND BY AUTHORITY OF THE STATE OF FLORIDA, PHIL ARCHER, STATE ATTORNEY, THROUGH THE UNDERSIGNED DESIGNATED ASSISTANT STATE ATTORNEY, CHARGES THAT:

IN THE COUNTY OF BREVARD, STATE OF FLORIDA, on April 4, 2014, RONALD GENE GAULDIN, did commit battery upon JOHN TIMOTHY PHILLIPS by actually and intentionally touching or striking JOHN TIMOTHY PHILLIPS against his will, or by intentionally causing bodily harm to JOHN TIMOTHY PHILLIPS, and in the commission of said battery, did intentionally or knowingly cause great bodily harm, permanent disability, or permanent disfigurement to JOHN TIMOTHY PHILLIPS, or in the commission of said battery used a deadly weapon, to wit: GOLF CLUB, contrary to Section 784.045(1)(a), Florida Statutes,


AND against the peace and dignity of the State of Florida.

I hereby state under oath that I am instituting this prosecution in good faith, and I certify that I have received testimony under oath from the material witness or witnesses for the offense(s).



Designated Assistant State Attorney
Eighteenth Judicial Circuit
Florida Bar No. 124230

Personally appeared before me, Designated Assistant State Attorney ANTHONY MECHACHONIS, who is personally known to me, who being first duly sworn, says that this prosecution is instituted in good faith, and certifies that testimony under oath has been received from the material witness or witnesses for the offense(s), and says that the allegations as set forth in the foregoing information are based upon facts that have been sworn to as true and which, if true, would constitute the offense(s) therein charged. Sworn to and subscribed before me in Brevard County, Florida, this 4th day of April, 2014.


Signature of Notary



PC/ACK/CHECK YES NO

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT
JUVENILE REFERRAL

- 1. Arrest
- 2. Notice to Appear
- 3. Arrest Affidavit
- 4. Complaint Affidavit
- 5. Request for Capias
- 6. Juvenile Referral

OBTS Number: **050130094M 591A**

Agency ORI Number: **FLO050000** Agency Name: **Brevard County Sheriff's Office** Agency Report Number: **14-103773**

Charge Type: 1. Felony 2. Traffic 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Selected/Type: 1. Yes 2. No

Location of Arrest (Include Name of Business): **2071 Satellite Blvd** City: **Cocoa** Location of Offense (Business Name, Address): **Same** City: **Same**

Date of Arrest: **04/04/2014** Time of Arrest: **1600** Transport Date: **04/04/2014** Transport Time: **1614** Jail Date: **04/04/2014** Jail Time: **1805** Fingerprinted: Identification Only Criminal

Date of Offense: **04/04/2014** FDLE Number: _____ DOC Number: _____ FBI Number: _____

Name (Last, First, Middle): **Gauldin, Ronald, Gene** Alias: _____

Race: White Black American Indian Asian Unknown **W** Sex: **M** Date of Birth: **11/05/1971** Height: **507** Weight: **140** Eye Color: **BR** Hair Color: **BR** Complexion: **ME** Build: **Slim**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **left forehead scar**

Local Address (Street, Apt. Number): **6804 Outback Road** (City): **Cocoa** (State): **Florida** (Zip): **32926** Phone: **(321) 732-9005** Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) or Parent's Name if Juv.: **6804 Outback Road** (City): **Cocoa** (State): **Florida** (Zip): **32926** Phone: _____ Parent Contacted: Y N

Business Address (Name, Street) or Parent's Address if Juv.: _____ (City): _____ (State): _____ (Zip): _____ Phone: _____ Occupation: **Laborer**

Driver's License State/Number: **G4357277714050** Social Security Number: _____ INS Number: _____ Place of Birth: **IN** Citizenship: **USA**

*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth or Age: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth or Age: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Activity: N/A Possess Sell Buy Traffic Smuggle Deliver Use Dispense/Distribute Manufacture/Produce/Cultivate Other Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Opium/Deriv. Paraphernalia/Equipment Synthetic Unknown Other

Charge Description: **Aggravated Battery** Counts: **1** F.S. Ord. Statute Violation Number: **784.045** Violation of Section (ORD): _____

Activity: **na** Drug Type: **na** Amount/Unit: **na** Bond Amount: **\$15000** Court Number: **na** **05-2014-CF-21572-AXXX-K**

PC Capias AC BW FW PW Juv. PU Citation

Date Issued: _____ Writ. Att. Domestic Viol. Inj. Order of Arrest

Charge Description: **Aggravated Assault** Counts: **1** F.S. Ord. Statute Violation Number: **784.021** Violation of Section (ORD): _____

Activity: **na** Drug Type: **na** Amount/Unit: **na** Bond Amount: **\$500** Court Number: **na**

PC Capias AC BW FW PW Juv. PU Citation

Date Issued: _____ Writ. Att. Domestic Viol. Inj. Order of Arrest

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:
On the **4** day of **April** at _____ A.M. P.M. (Specifically include facts constituting cause for arrest)

Upon arrival, I met with Mr. John Phillips (victim), who stated Mr. Ronald Gauldin, (arrestee), held up a golf club and threatened to hit him. Mr. Gauldin, then struck Mr. Phillips on his head and on his left side with a golf club causing swelling to his head. Mr. Gauldin then stabbed Mr. Phillips on his left side causing a deep laceration injury. ****See Case Report for further information****

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____¢ per mile for a total of \$ _____ Affidavit enclosed Y N Continue for: Narrative Charges

In accordance with F.S.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate.

GANG MEMBER ADMITS ID BY PARENT DOCUMENTED STYLE OF DRESS HAND SIGNS TATTOO KNOWN ASSOCIATE

GANG ASSOCIATE ID BY PHYSICAL EVIDENCE IN COMPANY OF MEMBERS AUTHORIZED COMMUNICATION ID BY INFORMANT

Mandatory Appearance In Court Location (Court, Room Number, Address): _____ Time: _____ Month _____ Day _____ Year _____ Time _____ A.M. P.M.

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 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 OR A TAKE INTO CUSTODY ORDER MAY BE ISSUED.

Signature of Defendant/Juvenile: _____ Signature of Juv. Parent/Custodian: _____ Release to (Name): _____ Date: _____ Time: _____

Miranda Warning Hold for Other Agency Name: _____ Verified By: _____

Adults Only Hold for First Appearance Do Not Bond Out Reason: _____

I swear/affirm the above and attached statements are true and correct.

Officer's/Complainant's Signature: **Dep. R. MacCardle #1755** Sworn to subscribed before me, the undersigned authority this **4th** day of **April** **2014**

Signature: **R. Scott #1338** Signature: _____

Print or Type Name: _____ Notary/Law Enforcement Officer in Performance of Official Duties

Personality Known: ID Produced

Releasable Court Date: _____ Returnable Court Time: _____ A.M. P.M.

Court Location: _____ Page: **1** of **1**

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BONDING AGENCY