

AFFIDAVIT

STATE OF FLORIDA. IN AND FOR ST. JOHNS COUNTY

Before me, the undersigned personally appeared, who being duly sworn, deposes and says:

That on the 3rd day of August, 2018.

Geoffrey Grider sent me a message on Facebook asking me for help. He was drinking and I went to give him a ride home. Approximately 1 week prior to this, he asked me to do the same thing and when I stated that I was unable to help, he sent me a video of me performing oral sex on him. He took this without my knowledge and without my consent. I told him to delete it and he did not. I immediately deleted his message & blocked him from my phone. When I visited him at the Rooster around 7³⁰ this evening I asked him for his keys and I also asked him to delete the video that he had taken. He would not do either of these things. I was able to get his phone from him but not his keys. I asked him for his password to delete the videos on his phone so I kept his phone. He said he would have me killed. He claimed to have ties to the mafia? I followed him home as he rode off to make sure he got home safe. Then I went straight to the St. Johns County Police station to find out what to do. While I was here, he posted the video 4 times on my Facebook and stated that he put it online & made it viral. I gave the phone to the police as evidence,

I SWEAR / AFFIRM THE ABOVE STATEMENT IS TRUE AND CORRECT.

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED

AUTHORITY THIS PRI 03 DAY OF August 20 18.

NAME / TITLE OF PERSON AUTHORIZED TO ADMINISTER OATH
(NOTARY PUBLIC OR LAW ENFORCEMENT OFFICER) PER FSS 117.10

ID NUMBER

8/31/18
DATE

8:58 PM
TIME

AFFIDAVIT

STATE OF FLORIDA, IN AND FOR ST. JOHNS COUNTY

Last Name: Grdr First name: Gadr Middle Name: _____ Title: _____
 Race: _____ Sex: _____ Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eye Color: _____
 DL/ID#: _____ State: _____ Nationality: _____
 City of Birth: _____ County of Birth: _____ State of Birth: N.J.
 Address: 425 LA TRAVESSEO FL UNIT 201 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: 904 76 8000 E-Mail: _____
 Occupation: _____ Business Phone: _____
 Business Address: _____

Before me, the undersigned personally appeared, who being duly sworn, deposes and says:

That on the _____ day of _____, 20____
my phone was stolen
and I am
my phone

I SWEAR / AFFIRM THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED	
AFFIANT SIGNATURE <u>[Signature]</u>		AUTHORITY THIS <u>03</u> DAY OF <u>August</u> 20 <u>18</u>	
NAME (PRINTED) <u>[Signature]</u>	ID NUMBER <u>[Signature]</u>	NAME / TITLE OF PERSON AUTHORIZED TO ADMINISTER OATH <u>#2995</u> (NOTARY PUBLIC OR LAW ENFORCEMENT OFFICER) PER FSS 117.10	
DATE <u>[Signature]</u>	TIME <u>[Signature]</u>		