

Orange County Sheriff's Office

STATEMENT

Please fill out in full detail

Date of Affidavit	Month: 09	Day: 26	Year: 2008	Time: 12:27	Case #:
Offense: <u>Missing Persons</u>					<u>08-69208</u>

Date of Offense	Month:	Day:	Year:	Time:	Suspect (last, first, middle):
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Location of Offense:	<u>2500 West Colonial Dr. Orlando, FL 32804</u>	Zone:
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Code:	Name (last, first, middle): <u>Grund, Richard Joseph</u>	Age: <u>52</u>	DOB: <u>[REDACTED]</u>	Race: <u>C</u>	Sex: <u>M</u>
	Address Res.: <u>[REDACTED] Lake Marsha Dr</u>	Zip: <u>32819</u>	Phone: <u>[REDACTED]</u>		
	Address Bus.:	Zip:	Phone:		

D.L. #:	<u>[REDACTED]</u>	State: <u>FL</u>	Other ID (Specify # and Type):
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I, Richard Joseph Grund do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any persons whomsoever.

voluntarily give to OCSO the box for a cell phone loaned to Casey Anthony in late October 2007 (approx. one week before Halloween). The phone was acquired as a part of a family plan by my wife Deborah Grund in the fall of 2007. My son borrowed the phone from us to loan to Casey for 30-days until she got her replacement for her lost SUR phone. The phone was not replaced or returned and has remained in Casey's possession.

~ List stolen items separately (with values) in body of statement.~

Total value of Property Stolen/Damaged	\$ <u>0</u>	I will testify in court.	Initial: <u>RJG</u>
I have reviewed the Victims' Rights package.	Initial:	I will prosecute criminally.	Initial:
Sworn To and Subscribed Before Me This	I swear/Affirm the Above and/or Attached Statements are Correct and True.		
<u>10</u> Day of <u>June</u> , 20 <u>09</u>	Signature: <u>Richard Grund</u>		
() Deputy Sheriff <input type="checkbox"/> Notary Public <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input checked="" type="checkbox"/> Type of ID: <u>FL ID</u>	Arrest made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Miranda warning read? Yes <input type="checkbox"/> No <input type="checkbox"/>	Page ___ of ___