

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) _____ PURPOSE Taken into Custody (Warrant/Capias Arrest) <input checked="" type="checkbox"/>	Capias Request _____	Summoned/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
		AMENDED _____		Referral _____ Civil Citation _____	
Arresting Agency ORI FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE		Arresting Agency Case/Arrest Number 2022-00433300	OBTS Number 0501-447915	
FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time 12/16/2022 16:52	Jail Booking Number 2022-00014858
Location of Arrest (Include Name of Business) 860 CAMP RD Cocoa 32927			City 860 CAMP RD Cocoa FL 32927		
Location of Offense (Business Name, Address) 860 CAMP RD Cocoa FL 32927		City		City	
Offense Date OR Date Range 12/16/2022	Arrest Date / Time 12/16/2022 15:50	Charge Type (Check as many as apply) Felony <input checked="" type="checkbox"/> Misdemeanor _____ Traffic _____ Ordinance _____		Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____	
Name (Last, Suffix) BLACK	Name (First) CHARLES	Name (Middle) DAVID	Alias and Type	Date of Birth 05/09/1981	Age 41
Jacket Number 5010267	Race W-White	Ethnicity Non-Hispanic	Sex Male	Height 5' 10"	Weight 190
Eye Color Blue	Hair Color Bald	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) 4647 BROOMEDGE CIR West Melbourne, FL 32904		City, State, Zip		Phone/Type (include area code)	Primary Language English <input checked="" type="checkbox"/> Y
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 4647 BROOMEDGE CIR West Melbourne FL West Melbourne		City, State, Zip		Phone/Type (include area code)	Complexion Fair
Business Address (Name, Street) or School if Juvenile		City, State, Zip		Phone/Type (include area code)	Build Heavy
Driver's License State / Number / Type FL/ B420144811690	Social Security Number*	INS Number	Place of Birth VA	Citizenship US	
Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____		Mark All that Apply (Y, N, Unk) Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input checked="" type="checkbox"/> U		Suspected of Using (Y, N, Unk) Alcohol _____ Computer/Handheld Device _____	
PARENT Driver's License State / Number / Type	PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation		Juvenile Facility	
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.					
PC _____ Capias _____ Warrant <input checked="" type="checkbox"/> Additional Charge _____	Date Issued	Writ Aff. _____	Domestic Violence _____	Order of Arrest <input checked="" type="checkbox"/> X	
Charge Description Out of County	Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number 901.04	Reclassifier	
Drug Activity	Drug Type	Amount / Unit	Bond Amount \$,7,500.00	Warrant / Citation / Court Number 22CF3585	
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 _____ day of _____ at _____ AM _____ PM (Specifically include facts constituting cause for arrest)					
Confidential Victim Information Included - YES _____ NO <input checked="" type="checkbox"/> X					
In accordance with F.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 Attached: Yes _____ No _____			Continue for: Narrative _____ Charges _____		
Mandatory Appearance in Court		Location (Court and Address)		Division #	
		Date: Month _____ Day _____ Year _____ Time _____ AM _____ PM			
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 WILLFULLY 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 SHALL BE ISSUED.					
Signature of Defendant / Juvenile		Signature of Juvenile's Parent/Custodian		Release to: (Name)	Time
Hold for Other Agency Name:		Verified By:		Do Not Bond Out Reason	
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 12/16/2022		Officer's/Complainant's Signature Electronically Signed		ID# 1301	Officer's/Complainant's Name (Printed) Kory Loiselle
Sworn and Subscribed before me, the undersigned authority this _____ day of 12/16/2022		Notary Signature Electronically Signed		Notary Name (Printed) Adkins Pierce, Taushorn	Notary/Law Enforcement Officer in Performance of Duty Personally Known <input checked="" type="checkbox"/> ID _____
BCJC (Jail)					Page <u>1</u> of <u>2</u>

AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2022-00433300
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Defendant / Juvenile Name (Last, Suffix) BLACK	Defendant / Juvenile Name (First) CHARLES	Defendant / Juvenile Name (Middle) DAVID	OBTS Number 0501-447915
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				

PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input checked="" type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input checked="" type="checkbox"/>
Charge Description Out of County	Counts 1	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 901.04
Drug Activity	Drug Type	Bond Amount \$7,500.00
	Amount / Unit	Warrant / Citation / Court Number 22CF3585

PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input type="checkbox"/> Statute / Ordinance Number
Drug Activity	Drug Type	Bond Amount
	Amount / Unit	Warrant / Citation / Court Number

PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input type="checkbox"/> Statute / Ordinance Number
Drug Activity	Drug Type	Bond Amount
	Amount / Unit	Warrant / Citation / Court Number

Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
* If Applicable, provide information related to the vehicle involved in the crime.						

****OUT OF COUNTY WARRANT** / OSCEOLA COUNTY WILL EXTRADITE**
CASE# 22CF3585 REF:
COUNT 1-GRAND THEFT \$10,000 TO \$20,000. BOND=\$7,500.00
COUNT 2-FRAUD SCHEME TO DEFRAUD LT \$20,000. BOND=\$7,500.00

SPECIAL CONDITION OF BOND IS NO CONTACT WITH VICTIM

Officer's/Complainant's Signature Electronically Signed	ID# 1301	Officer's/Complainant's Name (Printed) Kory Loisele
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