

<b>PROBABLE CAUSE AFFIDAVIT</b>		FORM On View (PC Arrest) <input checked="" type="checkbox"/> Capias Request _____ PURPOSE Taken into Custody (Warrant/Capias Arrest) _____	Summons/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
		AMENDED _____	Referral _____ Civil Citation _____	
Arresting Agency ORI <b>FL0050000</b>	Arresting Agency Name <b>BREVARD COUNTY SHERIFF'S OFFICE</b>		Arresting Agency Case/Arrest Number <b>2024-00418138</b>	OBTS Number <b>0501479078</b>
FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time <b>01/01/2025 05:00</b>
		Jail Booking Number <b>2025-00000013</b>	Booking Agency ORI <b>FL0050000</b>	
Location of Arrest (Include Name of Business) <b>W EAU GALLIE BLVD / N HARBOR CITY BLVD Melbourne FL 32935</b>		City <b>Melbourne FL 32935</b>		
Location of Offense (Business Name, Address) <b>W EAU GALLIE BLVD / N HARBOR CITY BLVD Melbourne FL 32935</b>		City <b>Melbourne FL 32935</b>		
Offense Date OR Date Range <b>12/31/2024</b>	Arrest Date / Time <b>12/31/2024 23:39</b>	Charge Type (Check as many as apply) Felony _____ Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____		Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____
Name (Last, First, Middle) <b>HAWK JESSICA HELENE</b>		Aliases and Type		Date of Birth <b>10/19/1986</b>
				Age <b>38</b>
				Jacket Number <b>5000003</b>
Race <b>W-White</b>	Ethnicity <b>Non-Hispanic</b>	Sex <b>Female</b>	Height <b>5' 3"</b>	Weight <b>130</b>
		Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				
Local Address (Street, Apt. Number) <b>2486 DEERCROFT DR, Melbourne FL 32940</b>		City, State, Zip		Phone/Type (include area code)
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile <b>2486 DEERCROFT DR Melbourne FL Melbourne</b>		City, State, Zip		Complexion <b>Tan</b>
Business Address (Name, Street) or School if Juvenile		City, State, Zip		Build <b>Average</b>
Driver's License State / Number / Type <b>FL / H604889875000</b>	Social Security Number* [REDACTED]	INS Number	Place of Birth <b>VA</b>	Citizenship <b>U.S. Citizen</b>
Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____	Mark All that Apply (Y, N, Unk) Homeless <input type="checkbox"/> Sex Offender <input type="checkbox"/> Gang Affiliation <input type="checkbox"/>		Suspected of Using (Y, N, Unk) Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <input type="checkbox"/> Drugs <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description <b>DUI &gt;0.15 W Pers &lt;18 in Veh - Alcohol</b>	Counts <b>1</b>	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number <b>316.193.4</b>	Redesignator
Drug Activity	Drug Type	Amount / Unit	Bond Amount <b>\$,500.00</b>	Warrant / Citation / Court Number
			per count <b>\$,500.00</b>	Total
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 <b>31</b> day of <b>December, 2024</b> at <b>2339</b> AM <input checked="" type="checkbox"/> PM (Specifically include facts constituting cause for arrest)				
<b>See the Narrative on the Continuation Page(s)</b>				
Confidential Victim Information Included - YES _____ NO <input checked="" type="checkbox"/>				
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 Attached: Yes _____ No _____ Continue for: Narrative <input checked="" type="checkbox"/> Charges _____				
<b>NOTICE TO APPEAR</b>	<b>Mandatory Appearance in Court</b>		Location (Court and Address)	
			Division #	
		Date: Months _____ 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)
				Date
				Time
<b>ADMINISTRATIVE</b>	Hold for Other Agency Name:	Verified By:	Do Not Send Out Reason	
	I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on <b>12/31/2024</b>		Officer's/Complainant's Signature <b>Electronically Signed</b>	ID# <b>4849</b>
			Officer's/Complainant's Name (Printed) <b>Dylan Weber</b>	
Sworn and Subscribed before me, the undersigned authority this _____ day of <b>01/01/2025</b>		Notary Signature <b>Electronically Signed</b>	Notary Name (Printed) <b>Baden, Samantha</b>	Notary/Law Enforcement Officer in Performance of Official Duty. Personally Known <input checked="" type="checkbox"/> to _____
			Patrol - South	Page <b>1</b> of <b>3</b>

AGENCY NAME: <b>BREVARD COUNTY SHERIFF'S OFFICE</b>	<b>BREVARD COUNTY, FLORIDA</b>	Arresting Agency Case Number <b>2024-00418138</b>
Continuation Page <b>2</b> of <b>3</b>		

Defendant / Juvenile Name (Last, First, Middle) <b>HAWK JESSICA</b>	<b>HELENE</b>	OBTS Number <b>0501479078</b>
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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 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	Amount / Unit
		Bond Amount
		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	Amount / Unit
		Bond Amount
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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	Amount / Unit
		Bond Amount
		Warrant / Citation / Court Number

Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
2022	Volkswagen	PASSAT	1VWSA7A31NC004309	14EMXP / FL	Blue	Blue

\* If Applicable, provide information related to the vehicle involved in the crime.

On the above stated date and time, I observed a blue 2022 Volkswagen Passat bearing Florida tag 14EMXP driving southbound on North Harbor City Boulevard by the intersection of West Eau Gallie Boulevard, Melbourne, Brevard County, Florida 32935.

While I was driving behind the vehicle, I observed it having trouble maintaining its lane as it continuously drove over painted lines in the roadway. Due to my training, experience, and knowledge, I was concerned for the driver of the vehicle's safety as well as the other motorists on the roadway. I performed a well-being stop on the vehicle to check on the driver.

I made contact with the driver and registered owner of the vehicle, Mrs. Jessica Hawk (Arrestee). I spoke with Mrs. Hawk and asked her a series of medical questions to check on her well-being. Mrs. Hawk advised nothing was wrong that would make me believe she was having a medical episode. She also does not know of any mechanical problems with her vehicle.

While speaking with Mrs. Hawk, I observed her having bloodshot watery eyes, a slurred speech, slow dexterity, and the odor of an alcoholic beverage emitting from her breath, which grew stronger as she spoke. Mrs. Hawk then performed Standardized Field Sobriety Exercises (SFSE's). These exercises were not performed to standard and Mrs. Hawk showed further signs of impairment.

Mrs. Hawk was then placed under arrest for DUI. She agreed to provide two lawful samples of her breath

Officer's/Complainant's Signature <b>Electronically Signed</b>	ID# <b>4849</b>	Officer's/Complainant's Name (Printed) <b>Dylan Weber</b>
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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE BREVARD COUNTY, FLORIDA Arresting Agency Case Number  
 Continuation Page 3 of 3 **2024-00418138**

Defendant / Juvenile Name (Last, First, Middle) **HAWK JESSICA HELENE** OBTS Number **0501479078**

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 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 Reclassifier
Drug Activity	Drug Type Amount / Unit Bond Amount 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 Reclassifier
Drug Activity	Drug Type Amount / Unit Bond Amount Warrant / Citation / Court Number

to determine its alcoholic content. The two samples provided read at .206 and .212.

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number
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Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
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\* If Applicable, provide information related to the vehicle involved in the crime.

Officer's/Complainant's Signature <b>Electronically Signed</b>	ID# <b>4840</b>	Officer's/Complainant's Name (Printed) <b>Dylan Weber</b>
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