

<b>PROBABLE CAUSE AFFIDAVIT</b>	FORM On View (PC Arrest) <input checked="" type="checkbox"/> Capias Request _____	Summoned/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
	PURPOSE Taken Into Custody (Warrant/Capias Arrest) _____	AMENDED _____	Referral _____ Civil Citation _____

Arresting Agency ORI <b>FL0050700</b>	Arresting Agency Name <b>CITY OF MELBOURNE POLICE</b>	Arresting Agency Case/Arrest Number <b>2024-00167641</b>	OBTS Number <b>0501478258</b>
FOLE (SID) Number	FBI Number	DOC Number	Transport Time
			Jail Date / Time <b>12/10/24 / 0645</b>
Location of Arrest (Include Name of Business) <b>758 CLARKE AV MELBOURNE 32935</b>		City <b>MELBOURNE</b>	
Location of Offense (Business Name, Address) <b>CHOCTAW DR / OSAGE AV Melbourne FL 32935</b>		City <b>MELBOURNE</b>	
Offense Date OR Date Range <b>12/10/2024 12/10/2024</b>	Arrest Date / Time <b>12/10/2024 02:30</b>	Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic <input checked="" type="checkbox"/> Ordinance _____	Felony _____ Evidence Confiscated (Check as many as apply) Unarmed Vehicle _____ Firearm _____ Property _____

Name (Last, Suffix) <b>MOCKLER</b>	Name (First) <b>SARA</b>	Name (Middle) <b>RENEE</b>	Alias and Type	Date of Birth <b>04/09/1982</b>	Age <b>42</b>	Jacket Number <b>230945</b>
Race <b>White</b>	Ethnicity <b>Non Hispanic</b>	Sex <b>Female</b>	Height <b>5' 2"</b>	Weight <b>170</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>758 Clarke Ave Melbourne, FL 32935-</b>	City, State, Zip	Phone/Type (include area code) <b>NO PHONE</b>	Primary Language English <u>Y</u>
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile <b>758 Clarke Ave Melbourne FL</b>	City, State, Zip	Phone/Type (include area code)	Complexion <b>Fair</b>
Business Address (Name, Street) or School if Juvenile	City, State, Zip	Phone/Type (include area code)	Build <b>Heavy</b>
Driver's License State / Number / Type <b>FL/M246796826291/E</b>	Social Security Number*	INS Number	Place of Birth <b>Florida</b>
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"/>		Suspected of Using (Y, N, Unk) Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <input checked="" type="checkbox"/> Drugs <input checked="" 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 Damage to Prop/Person of Another - Alcohol * 90D1</b>	Counts <b>2</b>	F.S. Ord. <input checked="" type="checkbox"/>	Statute / Ordinance Number <b>316.193.3c1</b>
Drug Activity	Drug Type	Amount / Unit	Bond Amount <b>\$,500.00 x 2 ct = \$1,000</b>
			Warrant / Citation / Court Number

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 **10th** day of **December, 2024** at **0230**  AM \_\_\_\_\_ PM \_\_\_\_\_  
(Specifically include facts constituting cause for arrest)

Confidential Victim Information Included - YES  NO

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  Charges \_\_\_\_\_

<b>Mandatory Appearance in Court</b>	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) _____ Date _____ Time _____

Hold for Other Agency Name: _____	Verified By: _____	Do Not Bond Out Reason _____ Hold for 1st Appearance (Adults Only) _____
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on <b>12/10/2024</b>	Officer's/Complainant's Signature <b>Officer Electronically Signed</b>	ID# <b>5373</b> Officer's/Complainant's Name (Printed) <b>Chaise Kelley</b>
Sworn and Subscribed before me, the undersigned authority this <input checked="" type="checkbox"/> day of: <b>12/10/2024</b>	Notary Signature <b>Sgt. W. W. 422</b>	Notary Name (Printed) <b>Sgt. Ishi Kawa</b> Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____

AGENCY NAME: <b>CITY OF MELBOURNE POLICE</b>	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number <b>2024-00167641</b>
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Defendant / Juvenile Name (Last, Suffix) <b>MOCKLER</b>	Defendant / Juvenile Name (First) <b>SARA</b>	Defendant / Juvenile Name (Middle) <b>RENEE</b>	OBTS Number
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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"/>				

PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt. Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
Charge Description <b>Leave Scene Crash w/Prop Damage * 90Z</b>	Counts <b>1</b>	F.S. Ord. <input checked="" type="checkbox"/>	Statute / Ordinance Number <b>316.061.1</b>	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount <b>\$,500.00</b>	Warrant / Citation / Court Number

PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt. Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
Charge Description <b>DUI - Alcohol AND Drugs * 90D3</b>	Counts <b>1</b>	F.S. Ord. <input checked="" type="checkbox"/>	Statute / Ordinance Number <b>316.193.1a</b>	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount <b>\$,500.00</b>	Warrant / Citation / Court Number

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

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.

On 12/10/2024 I Officer Kelley was assigned to patrol using the identifier Bravo – 62.

At approximately 0156 hours I responded to a hit and run involving one vehicle that had a driver that was possibly impaired.

Melbourne Police Dispatch advised that the complainant of the incident witnessed a gray Hyundai Tucson FL tag (BM79GR), with a heavy-set white woman wearing a red shirt driving the vehicle. The complainant advised they witnessed this vehicle crash into a pole located at Choctaw Dr and Osage Av before also crashing into a sign. The complainant then advised Melbourne Dispatch that the vehicle pulled into a driveway on Clarke Av. Melbourne Dispatch then advised me that the registered owner of the vehicle had an address that came back to 758 Clarke Av.

Upon my arrival to 758 Clarke Ave, I observed a heavy-set white female wearing a red shirt

Officer's/Complainant's Signature <b>Officer Electronically Signed</b>	ID# <b>5373</b>	Officer's/Complainant's Name (Printed) <b>Chaise Kelley</b>
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Defendant / Juvenile Name (Last, Suffix) <b>MOCKLER</b>	Defendant / Juvenile Name (First) <b>SARA</b>	Defendant / Juvenile Name (Middle) <b>RENEE</b>	OBTS Number
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PC <input type="checkbox"/> Caplas <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>	
Charge Description	Counts	F.S. <input type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount Warrant / Citation / Court Number

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

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

and jeans exit the driver's seat of the gray Hyundai Tucson and enter the residence. I then observed the gray Tucson with major front-end damage to the vehicle consistent with hitting multiple fixed objects, along with air bag deployment of the driver's seat. I knocked on the door to the residence and the same female who I saw in the driver's seat exited the residence to speak with officers on scene. As I began to speak with the female who was identified as Sara Mockler, she swayed while standing almost falling, had glassy eyes, and had slow and slurred speech. Sara had to sit in a chair to be able to speak to officers on scene without falling. Sara was unaware of what was going on and why the police were speaking with her and had an injury to her right arm consistent with airbag deployment in the driver's seat. The Melbourne Fire Department evaluated Sara for injuries advising that Sara did not have any major injury to her person. While speaking with the Melbourne Fire Department Sara stated to them that she did not use any narcotics but that she did consume alcohol prior to this incident.

During the crash investigation Officer Proctor #5081 met with the witness in this investigation who positively identified Sara as the person he witnessed operating the gray Tucson when he observed the vehicle crash into a pole and sign near Choctaw Dr and Osage Ave before entering the driveway to 758 Clarke Ave. Officer Proctor was able to confirm that a wooden street light pole located at 725 Osage Av was crashed into belonging to Florida Power and Light. Officer Proctor also advised there was a crosswalk sign down located at Osage Av and Choctaw Dr that belongs to the City of Melbourne. Sara advised that at no point was she involved in a crash.

Sara was read her Miranda Warnings by Officer Renken #5526 and Officer Lopez #4835 from

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Defendant / Juvenile Name (Last, Suffix) <b>MOCKLER</b>	Defendant / Juvenile Name (First) <b>SARA</b>	Defendant / Juvenile Name (Middle) <b>RENEE</b>	OBTS Number
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CHARGE	PC <input type="checkbox"/> Caplas <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>	
	Charge Description	Counts	F.S. <input type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number
	Drug Activity	Drug Type	Amount / Unit	Bond Amount
				Warrant / Citation / Court Number

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

a department issued notebook, Sara advised she did understand her Miranda warnings and advised she did not wish to speak to officers without an attorney.

I then advised Sara that the crash investigation was now over and that we would be moving into a Driving Under the Influence investigation. I asked Sara if she would be willing to perform Standardized Field Sobriety Exercises to which she declined. Based on the totality of circumstances and the observations leading up to this point I advised Sara that she was being placed under arrest for driving under the influence. Sara was asked if she would submit to a chemical test of her breath for the purpose of determining the alcoholic content of her breath to which Sara declined. Sara was then read Implied Consent and again refused to submit to a breath test.

Sara was medically cleared at Melbourne Regional Medical Center before being transported to the Brevard County Jail.

Sara was issued the following citations: DUI (A19B80E), DUI with Property Damage (AKPYRYE), DUI with Property Damage (AKPYRZE), leaving the scene of a crash with property damage (AKPYS0E), careless driving (AKPYRXE), and violation of right of way / stop sign (AKPYRWE).

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AGENCY NAME: <b>CITY OF MELBOURNE POLICE</b>	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number <b>2024-00167641</b>
VICTIM INFORMATION PAGE		

Defendant / Juvenile Name (Last, Suffix) <b>MOCKLER</b>	Defendant / Juvenile Name (First) <b>SARA</b>	Defendant / Juvenile Name (Middle) <b>RENEE</b>	OBTS Number
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<b>VICTIM INFORMATION</b>	Victim was notified of their Marsey's Law rights - ___ YES <input checked="" type="checkbox"/> NO		Victim requests their personal information remain confidential - ___ YES <input checked="" type="checkbox"/> NO	
	Victim Type <input checked="" type="checkbox"/> Business ___ Individual	Individual Name (Last, First, Middle) or Business Name <b>City Of Melbourne,</b>		Victim Relationship to Offender <b>Stranger</b>
	Victim Address <b>901 E STRAWBRIDGE AV MELBOURNE FL 32901</b>		Business Point of Contact Name and Number <b>Unknown</b>	
	Contact Number / Type (Include area code)		Victim Email Address	

<b>VICTIM INFORMATION</b>	Victim was notified of their Marsey's Law rights - ___ YES <input checked="" type="checkbox"/> NO		Victim requests their personal information remain confidential - ___ YES <input checked="" type="checkbox"/> NO	
	Victim Type <input checked="" type="checkbox"/> Business ___ Individual	Individual Name (Last, First, Middle) or Business Name <b>FPL,</b>		Victim Relationship to Offender <b>Stranger</b>
	Victim Address <b>9001 ELLIS RD WEST MELBOURNE FL 32904</b>		Business Point of Contact Name and Number <b>Unknown</b>	
	Contact Number / Type (Include area code)		Victim Email Address	

<b>VICTIM INFORMATION</b>	Victim was notified of their Marsey's Law rights - ___ YES ___ NO		Victim requests their personal information remain confidential - ___ YES ___ NO	
	Victim Type ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name		Victim Relationship to Offender
	Victim Address		Business Point of Contact Name and Number	
	Contact Number / Type (Include area code)		Victim Email Address	

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	Victim Type ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name		Victim Relationship to Offender
	Victim Address		Business Point of Contact Name and Number	
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	Victim Type ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name		Victim Relationship to Offender
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	Contact Number / Type (Include area code)		Victim Email Address	

Officer's/Complainant's Signature <b>Officer Electronically Signed</b>	ID# <b>5373</b>	Officer's/Complainant's Name (Printed) <b>Chaise Kelley</b>
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