

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) <input checked="" type="checkbox"/> Capias Request _____ Summons/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
PURPOSE Taken into Custody (Warrant/Capias Arrest) _____		AMENDED _____	Referral _____ Civil Citation _____
Arresting Agency ORI FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE	Arresting Agency Case/Arrest Number 2025-00000191	OBTs Number 0501479091
FDLE (SID) Number	FBI Number	DOC Number	Transport Time
			Jail Date / Time 01/01/2025 09:45
			Jail Booking Number 2025-00000026
			Booking Agency ORI FL0050000
Location of Arrest (Include Name of Business) City		Location of Offense (Business Name, Address) City	
220 HIGHWAY A1A Satellite Beach FL 32937		220 HIGHWAY A1A Satellite Beach FL 32937	
Offense Date OR Date Range 01/01/2025	Arrest Date / Time 01/01/2025 06:46	Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____	Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____
Name (Last, First, Middle) HALL STEPHEN MARK		Alias and Type	Date of Birth Age Jacket Number 11/09/1952 72 4981343
Race W-White	Ethnicity Non-Hispanic	Sex Male	Height 5' 10"
		Weight 180	Eye Color Blue
			Hair Color White
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) City, State, Zip		Phone/Type (include area code)	Primary Language English <input checked="" type="checkbox"/>
5205 FRISCO ST, Cocoa FL 32927			English
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile City, State, Zip		Phone/Type (include area code)	Complexion
5205 FRISCO ST Cocoa FL Cocoa			Medium
Business Address (Name, Street) or School if Juvenile City, State, Zip		Phone/Type (include area code)	Build
			Average
Driver's License State / Number / Type FL / H400793524090 3 - C	Social Security Number* [REDACTED]	INS Number	Place of Birth FL
Citizenship U.S. Citizen			
Residence Type: City _____ 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	Counts	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number	Reclassifier
DUI Unlawful Breath Alc Level 0.08 or Higher	1	316.193.1c	
Drug Activity	Drug Type	Amount / Unit	Bond Amount
			\$,500.00
			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 <u>1</u> day of <u>January</u> , <u>2025</u> at <u>0646</u> <u>X</u> AM <u></u> PM (Specify include facts constituting cause for arrest)			
SEE SECOND PAGE			
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 _____ 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)	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 <u>01/01/2025</u>	Officer's/Complainant's Signature Electronically Signed	ID# 4751	Officer's/Complainant's Name (Printed) Noah Kane
Sworn and Subscribed before me, the undersigned authority this _____ day of <u>01/01/2025</u>	Notary Signature Electronically Signed	Notary Name (Printed) Davis, Brittani	Notary/Law Enforcement Officer In Performance of Official Duties, Personally Known <input checked="" type="checkbox"/> ID _____
Patrol - South		Page <u>1</u> of <u>3</u>	

AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2025-00000191
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Continuation Page 2 of 3	Defendant / Juvenile Name (Last, First, Middle) HALL STEPHEN MARK	OBTS Number 0501479091
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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	Writt 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	Writt Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
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Drug Activity	Drug Type	Amount / Unit	Bond Amount	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.						

On January 1st, 2025, at approximately 0600, The Brevard County Sheriff's Office received a call for service of an elderly white male later identified as Mr. Stephen Hall (defendant), was passed out in his truck in the parking lot. The caller was not sure if he was breathing at the time.

Upon arrival, there was a black ford truck with trump stickers on the side of it as described by the caller. The truck was bearing FL plate LPCQ23. This truck was registered to the defendant. Upon making contact with the defendant, I was able to see his chest rise and fall normally indicating normal breathing. I was able to smell the distinct odor of alcohol emitting from the truck. I shook the defendants left arm which was sticking outside of the driver window where the defendant was sitting. The defendant woke up and looked around in confusion. As I began to speak with the defendant, I was able to smell the distinct odor of alcohol emitting from his breath. The defendant had bloodshot, glassy, and watery eyes. His speech was slow and his movements were lethargic.

The defendant was asked to step out of the truck and make his way to the front of my patrol car. the defendant was slow to get out of the truck and needed assistance by holding on to the truck for balance. the defendant walked to my patrol. He staggered as he walked to the patrol car. I asked the defendant to stand in front of the patrol car as I gathered some paperwork. the defendant began to lean against the grill of the patrol while he waited.

I began my field sobriety exercises with nystagmus. I read from the provided paper work and advised the defendant what I was about to do, to which he stated he understood. The defendant did not meet the nystagmus to standard. The defendant looked at me the whole time and did not follow the eye stimulus. For the brief second he did follow the eye stimulus during the lack of smooth pursuit, he did not meet that to standard.

Officer's/Complainant's Signature Electronically Signed	ID# 4751	Officer's/Complainant's Name (Printed) Noah Kane
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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE BREVARD COUNTY, FLORIDA Arresting Agency Case Number
 Continuation Page 3 of 3 **2025-0000191**

Defendant / Juvenile Name (Last, First, Middle) **HALL STEPHEN MARK** OBTS Number **0501479091**

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

Instructions and demonstrations were completed by me for the walk and turn. the defendant advised he understood and started the exercise. the defendant missed every step, did not properly keep his hands to his side, and did not complete the series of small steps during the turn, to standard. He did not count out loud as well.

Instructions and demonstrations were completed by me for the one leg stand. The defendant advised he understood and started the exercise. The defendant did not keep his chosen foot off the ground approximately 6 inches for the entire exercise. Both feet remained on the ground. the defendant only counted to 1006 and stopped. His thumbs where in his pocket and not down by his side as instructed. The defendant did not keep his eyes on the foot during counting.

the defendant was placed under arrest. he was refused to give a sample of his breath. After reading implied consent, the defendant agreed to give a sample of his breath. observation period started at 0700 hours. The defendant ultimately gave two breath samples of 0.109 and 0.104.

Officer's/Complainant's Signature **Electronically Signed** ID# **4751** Officer's/Complainant's Name (Printed) **Noah Kane**