

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 2024-00416321	OBTS Number 0501479013
FDLE (SID) Number	FBI Number	DOC Number	Transport Time
			Jail Date / Time 12/30/2024 11:25
			Jail Booking Number 2024-00016058
			Booking Agency ORI FL0050000
Location of Arrest (Include Name of Business) Regions Bank 2350 HIGHWAY 1 Mims FL 32754		City Mims FL 32754	
Location of Offense (Business Name, Address) Regions Bank 2350 HIGHWAY 1 Mims FL 32754		City Mims FL 32754	
Offense Date OR Date Range 12/30/2024	Arrest Date / Time 12/30/2024 09:27	Charge Type (Check as many as apply) Felony <input checked="" type="checkbox"/> Misdemeanor _____ Traffic _____ Ordinance _____	Evidence Confiscated (Check as many as apply) Cutting Instrument Vehicle _____ Firearm _____ Property <input checked="" type="checkbox"/>
Name (Last, First, Middle) DIACO NICHOLAS LOUIS		Alias and Type	Date of Birth 11/17/1959
			Age 65
			Jacket Number 4878847
Race W-White	Ethnicity Non-Hispanic	Sex Male	Height 5' 8"
		Weight 140	Eye Color Brown
			Hair Color Black
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) HOMELESS		City, State, Zip	Phone/Type (include area code) NO PHONE
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile HOMELESS		City, State, Zip	Primary Language English <input checked="" type="checkbox"/> English
Business Address (Name, Street) or School if Juvenile		City, State, Zip	Complexion Medium
Build Slim			
Driver's License State / Number / Type FL / D200632594170 7 - None	Social Security Number* [REDACTED]	INS Number	Place of Birth NC
Citizenship US			
Residence Type: City _____ County <input checked="" type="checkbox"/> 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) Drugs <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <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 Robbery With Weapon	Counts 01	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 812.13.2b	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount NO BOND
			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 <u>30</u> day of <u>December</u> , 2024 at <u>0927</u> <input checked="" type="checkbox"/> AM _____ PM _____ (Specifically include facts constituting cause for arrest)			
See page two.			
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 _____	
NOTICE TO APPEAR	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>12/30/2024</u>	Officer's/Complainant's Signature Electronically Signed	ID# 4610	Officer's/Complainant's Name (Printed) Aaron Radcliff
Sworn and Subscribed before me, the undersigned authority this <u>12/30/2024</u> day of _____	Notary Signature Electronically Signed	Notary Name (Printed) Sostre, Amanda	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____

OBTS #0501-479013

418A1828

AGENCY NAME: <u>BREVARD COUNTY SHERIFF'S OFFICE</u>	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00416321
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Defendant / Juvenile Name (Last, First, Middle) DIACO NICHOLAS LOUIS	OBTS Number 0501479013
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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
		Ord. <input type="checkbox"/> Redclassifier
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
* If Applicable, provide information related to the vehicle involved in the crime.						

On Monday, December 30th, 2024, at 0922 hours, Brevard County Sheriff's Office, North Precinct Deputies responded to the Region's Bank, located at 2350 US-1 S, Mims, Brevard County, Florida, 32754, in reference to a Bank Robbery.

The Defendant, Mr. Nicholas Louis Diaco (Arrestee), knowingly and intentionally attempted to take money, from the Regions Bank with the intent to deprive the bank of their property, and in the course of attempting to take the property caused fear, and developed a well-founded fear within the bank teller, Mr. Aaron Dubovecky (Victim) that violence was imminent. During the defendant's actions, he possessed a weapon concealed within his clothing which consisted of a foldable pocket knife.

The Defendant provided a Post-Miranda sworn, audio recorded statement, stating his intentions were to develop fear within the bank-teller that a bank robbery was taking place, and wanted them to believe he was concealing a weapon during his course of conduct, by concealing his hand within his jacket, implying that he had a weapon. The Defendant stated his actions were not to follow-through with a robbery, or take anything from the business, but wanted them believe a robbery was taking place, because he refused to be homeless and live on the street as he would rather have a place to stay within jail.

Due to the defendant's intentional actions to develop a well-founded fear, that violence was imminent in the attempt to deprive the bank of their property which consisted of US Dollar Bill currency in the amount of \$2,051.00, while in possession of a weapon. I developed Probable Cause for the crime of Robbery With a Weapon.

The Defendant was identified by the victim, and three additional witnesses as the suspect involved in the commission of these acts. Region's bank requested to prosecute criminally for the crimes committed. The

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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00416321
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Defendant / Juvenile Name (Last, First, Middle) DIACO NICHOLAS LOUIS	OBTS Number 0501479013
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CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
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	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
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			Bond Amount
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defendant was placed under arrest and transported to the Brevard County Jail.

****** Detailed Case Report to Follow******

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

Officer's/Complainant's Signature Electronically Signed	ID# 4610	Officer's/Complainant's Name (Printed) Aaron Radcliff
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