

PROBABLE CAUSE AFFIDAVIT	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 FL0050700	Arresting Agency Name CITY OF MELBOURNE POLICE	Arresting Agency Case/Arrest Number 2024-00173633	OBTIS Number 0501-479075
FDLE (SID) Number	FBI Number	DOC Number	Transport Time
Location of Arrest (Include Name of Business) 2861 LOCKSLEY RD MELBOURNE 32935		Location of Offense (Business Name, Address) PENNINGTON PL / N WICKHAM RD	
Offense Date OR Date Range 12/31/2024	Arrest Date / Time 12/31/2024 19:43	Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____	Evidence Confiscated (Check as many as apply) Unarmed Vehicle _____ Firearm _____ Property _____

Name (Last, Suffix) FIOL	Name (First) JUAN	Name (Middle) LUIS	Alias and Type	Date of Birth 10/22/1946	Age 78	Jacket Number 4705446
Race White	Ethnicity Non Hispanic	Sex Male	Height 5' 10"	Weight 210	Eye Color Brown	Hair Color Gray

Local Address (Street, Apt. Number) 2861 LOCKSLEY RD MELBOURNE, FL 32935	City, State, Zip	Phone/Type (include area code)	Primary Language English <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 2861 LOCKSLEY RD MELBOURNE FL	City, State, Zip	Phone/Type (include area code)	Complexion Light
Business Address (Name, Street) or School if Juvenile	City, State, Zip	Phone/Type (include area code)	Build Medium

Driver's License State / Number / Type FL/F400432463820/E	Social Security Number* [REDACTED]	INS Number	Place of Birth Cuba	Citizenship United States Of America (USA)
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"/>

PC <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description: DUI Damage to Prop/Person of Another - Alcohol * 90D1	Counts 1	F.S. Ord. <input checked="" type="checkbox"/>	Statute / Ordinance Number 316.193.3c1	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount \$,500.00	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 **31st** day of **December, 2024** at **1930** 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 _____

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 12/31/2024	Officer's/Complainant's Signature Officer Electronically Signed	ID# 5047	Officer's/Complainant's Name (Printed) JaQuavious Smith
Sworn and Subscribed before me, the undersigned authority this <input checked="" type="checkbox"/> day of 12/31/2024	Notary Signature Officer Electronically Signed	Notary Name (Printed) LT Linehan	Notary/Law Enforcement Officer in Performance of Official Duties: Personally Known <input checked="" type="checkbox"/> IS _____

AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00173633
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Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	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 DUI - Alcohol * 90D1	Counts 1 F.S. Ord. <input checked="" type="checkbox"/> Statute / Ordinance Number 316.193.1a
Drug Activity	Bond Amount \$,500.00

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 Leave Scene Crash w/Prop Damage * 90Z	Counts 1 F.S. Ord. <input checked="" type="checkbox"/> Statute / Ordinance Number 316.061.1
Drug Activity	Bond Amount \$,500.00

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 Leave Scene Crash Inv Injury Other Than Serious Bodily Injury * 90B.027.2a	Counts 1 F.S. Ord. <input checked="" type="checkbox"/> Statute / Ordinance Number 306.027.2a
Drug Activity	Bond Amount \$12500

Year 06	Make CHEVROLET	Model	VIN 3GNDA23P96S518264	Tag / Tag State VV4IP	Primary Color Red	Secondary Color Red
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* If Applicable, provide information related to the vehicle involved in the crime.

On Tuesday, December 31, 2024, Officer Alabise #5239 responded to the area of North Wickham Road and Pennington Place in reference to a hit-and-run motor vehicle crash. While Officer Alabise was on scene, he made contact with the wheel witness identified as Brandon Shealey by his Florida DL. Shealey stated while traveling North Bound on Wickham Road approaching Pennington Place, he observed a red vehicle in the southbound left turn on Wickham Road, north of Pennington Place. The red vehicle failed to yield to oncoming traffic causing Shealey to abruptly stop, as the vehicle continued to cross all northbound lanes of travel, it struck the rear left side of another vehicle. The suspect vehicle continued to drive eastbound onto Pennington Place. Shealey then made contact with the victim's vehicle to make sure its occupants were ok. Shealey then got back into his car and conducted an area check from the last location where he saw the suspect vehicle.

While driving through the nearby neighborhood which was in close proximity of the crash, Shealey's girlfriend identified as Danielle Cork by her NB driver's license, was also inside of the vehicle, and pointed out the car that matched the description from the crash. They observed the vehicle parked in the driveway of 2861 Locksley Road with a single white male occupant sitting inside of the driver seat passed out behind the wheel. They walked around the vehicle and observed damage to its front driver's side which aligned with evidence from the scene of

Officer's/Complainant's Signature Officer Electronically Signed	ID# 5047	Officer's/Complainant's Name (Printed) JaQuavious Smith
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AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00173633
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Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	OBTS Number
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CHARGE	PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description	Counts	P.S. _____ Ord. _____	Statute / Ordinance Number	Reclassifier	
Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	

CHARGE	PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description	Counts	P.S. _____ Ord. _____	Statute / Ordinance Number	Reclassifier	
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CHARGE	PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description	Counts	P.S. _____ Ord. _____	Statute / Ordinance Number	Reclassifier	
Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	

the crash. Shealey called 911 and notified them of his findings. Shealey and Cork both swore to their statement.

Officer Thorne #5272, arrived on scene at 2861 Locksley Road and observed the single male occupant later identified as Juan Fiol by his Florida DL sitting inside of the driver seat passed out behind the wheel, with the keys in his hand and his seat belt on. The vehicle was identified as a red Chevy bearing a Florida license plate (RBQM20), which was reassigned to FL license plate (VV4IP) registered to the defendant. Officer Thorne then knocked on the driver's side window attempting to wake up the defendant; when the defendant woke up, he looked towards Officer Thorne with a fixed gaze, the defendant appeared to have red bloodshot eyes. Officer Thorne then opened the door to get the male out of the vehicle where he could smell a strong odor of an alcoholic beverage coming from within the vehicle. While talking with the defendant outside of the vehicle, he spoke with slurred speech and the odor of alcohol became stronger as he spoke. Fire rescue was called but the defendant declined medical attention. The defendant was taken into custody and arrested for leaving the scene of a crash with injuries. It should be known the driver of the victim's vehicle was transported to the hospital by fire rescue due to a complaint of injury and her vehicle sustained damage.

Officer Smith then responded to HRMC and made contact with Officer Alabise who informed me that the defendant was possibly under the influence and requested me to conduct SFST'S. Post Miranda, the defendant advised he understood his rights and wished to speak with me. I informed the defendant I was conducting a change of hats, switching from a crash investigation to a criminal investigation. While speaking with the defendant, I could smell a strong odor of an alcoholic beverage emanating from his mouth as he responded to me, he spoke with slurred speech, and his eyes were bloodshot red. I asked the defendant if he had any alcoholic beverages tonight, and he admitted to drinking 2 four-ounce glasses of wine at Beachside

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AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00173633
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Continuation Page 4 of 17	Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	OBTs Number
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PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts _____ F.S. _____ Statute / Ordinance Number _____	Reclassifier _____
Drug Activity	Drug Type _____ Amount / Unit _____	Bond Amount _____ Warrant / Citation / Court Number _____

PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts _____ F.S. _____ Statute / Ordinance Number _____	Reclassifier _____
Drug Activity	Drug Type _____ Amount / Unit _____	Bond Amount _____ Warrant / Citation / Court Number _____

PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts _____ F.S. _____ Statute / Ordinance Number _____	Reclassifier _____
Drug Activity	Drug Type _____ Amount / Unit _____	Bond Amount _____ Warrant / Citation / Court Number _____

Wines in Satellite Beach. With my observations thus far, I requested the defendant to conduct field sobriety exercises, to which he agreed.

I began by asking the defendant preliminary questions pertaining to his overall health and Physical well-being. The defendant advised that he had neuropathy in his legs/feet and could not stand on one foot or walk in a straight line.

I administered the standardized field sobriety exercises, with the following results: During the horizontal gaze nystagmus exercise, the defendant exhibited a lack of smooth pursuit in both eyes, maximum deviation in both eyes, and on-set prior to 45 degrees in both eyes. And failed to keep his head still throughout the exercise.

Due to the defendant not being able to stand on one foot and walk in a straight line, I administered the Rhomberg Alphabet and Rhomberg Count exercise. During the Rhomberg Alphabet, the defendant's eyes did not remain closed, swayed back and forth, used his arms for balance, and incorrectly recited the alphabet.

During the Rhomberg count, the defendant's eyes did not remain closed, he swayed back backward, and forward, used his arms for balance, incorrectly recited the numbers, and got confused.

Due to my observations thus far, I determined the defendant was under the influence of alcoholic beverages to the extent that normal faculties were impaired. I arrested the defendant for Driving under the influence. I asked the defendant to give a sample of his breath, to which

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Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	OBTs Number
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PC _____ Caplas _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts	F.S. _____ Statute / Ordinance Number Reclassifier
Drug Activity	Drug Type	Amount / Unit Bond Amount Warrant / Citation / Court Number

PC _____ Caplas _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts	F.S. _____ Statute / Ordinance Number Reclassifier
Drug Activity	Drug Type	Amount / Unit Bond Amount Warrant / Citation / Court Number

PC _____ Caplas _____ Warrant _____ Additional Charge _____	Date Issued _____	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description	Counts	F.S. _____ Statute / Ordinance Number Reclassifier
Drug Activity	Drug Type	Amount / Unit Bond Amount Warrant / Citation / Court Number

he agreed.

I transported the defendant to the Melbourne Police Department booking facility, where I administered the breath test after a 20-minute observation period, during which the defendant placed nothing in his mouth and did not regurgitate (2300-2320 hours). The defendant's first breath sample resulted in a 0.085, and the second sample resulted in a 0.084.

I arrested the defendant for Driving Under the influence with the alcoholic content of his breath being over 0.08, leaving the scene of a crash, leaving scene of crash involving injury and D.U.I with property damage and D.U.I w/personal injury. The defendant was later turned over to the Brevard County Jail. The field sobriety exercises were recorded on my department-issued Axon Body-Worn Camera.

The defendant was issued a Florida Uniform Traffic Citation (AKPYY2E) – D.U.I W/PROPERTY DAMAGE, UTC (AKPYY3E)- PERSONAL INJURY, UTC(AKPYY1E)- FAILED TO YIELD TO ONCOMING TRAFFIC, UTC(AKPYYXZE)-ATTACHING TAG NOT ASSIGNED, UTC(AKPYY0E)- LEAVING SCENE OF CRASH, UTC(AKPYY4E)- LEAVING SCENE OF CRASH INVOLVING INJURY and a Florida DUI citation (A19B8XE).

The defendant was turned over to BCSO transport without incident.

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AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00173633
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Continuation Page 6 of 7	Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	OBT 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"/>				
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"/> 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 DUI Damage to Prop/Person of Another - Alcohol * 90D1	Counts 1	F.S. Ord. <input checked="" type="checkbox"/> Statute / Ordinance Number 316.193.3c1
Drug Activity	Drug Type	Bond Amount \$,500.00
	Amount / Unit	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. Ord. <input type="checkbox"/> Statute / Ordinance Number
Drug Activity	Drug Type	Bond Amount
	Amount / Unit	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. Ord. <input type="checkbox"/> Statute / Ordinance Number
Drug Activity	Drug Type	Bond Amount
	Amount / Unit	Warrant / Citation / Court Number

Year 06	Make CHEVROLET	Model	VIN 3GNDA23P96S518264	Tag / Tag State VV4IP	Primary Color Red	Secondary Color Red
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* If Applicable, provide information related to the vehicle involved in the crime.

Officer's/Complainant's Signature Officer Electronically Signed	ID# 5047	Officer's/Complainant's Name (Printed) JaQuavious Smith
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AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00173633
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VICTIM INFORMATION PAGE			
Defendant / Juvenile Name (Last, Suffix) FIOL	Defendant / Juvenile Name (First) JUAN	Defendant / Juvenile Name (Middle) LUIS	OBTS Number

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input checked="" type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name CAUTELA, BRIANA ROSE		Victim Relationship to Offender Stranger
Victim Address 2810 SUMMER BROOK ST MELBOURNE FL 32940		Business Point of Contact Name and Number	
Contact Number / Type (include area code)		Victim Email Address	

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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	

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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	

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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	

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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	

Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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	

Officer's/Complainant's Signature Officer Electronically Signed	ID# 5047	Officer's/Complainant's Name (Printed) JaQuavious Smith
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