

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 FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE		Arresting Agency Case/Arrest Number 2023-00325490	OBTS Number 0501-460108	
FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time 09/11/2023 19:00	Jail Booking Number 2023-00011902
Location of Arrest (Include Name of Business) City 5600 N WICKHAM RD Melbourne FL 32940			Location of Offense (Business Name, Address) City		
Offense Date OR Date Range 09/11/2023 - 09/11/2023		Arrest Date / Time 09/11/2023 13:58		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, Suffix) Scott	Name (First) Justin	Name (Middle) Timothy Terrell	Alias and Type	Date of Birth 11/17/1995	Age 27
Jacket Number 5029815	Race B-Black	Ethnicity Non-Hispanic	Sex Male	Height 5' 10"	Weight 185
				Eye Color Brown	Hair Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					
Local Address (Street, Apt. Number) 815 E FEE AV, Melbourne FL 32901		City, State, Zip		Phone/Type (include area code) (772)768-8221 Cellular Phone	Primary Language English <input checked="" type="checkbox"/> English
Permanent Address (Street, Apt. #) or Parent's Name If Juvenile 815 E FEE AV Melbourne FL Melbourne		City, State, Zip		Phone/Type (include area code)	Complexion Dark
Business Address (Name, Street) or School If Juvenile UNEMPLOYED		City, State, Zip		Phone/Type (include area code)	Build Slim
Driver's License State / Number / Type FL/ S300438954170 5-E		Social Security Number*	INS Number	Place of Birth MA	Citizenship US
Residence Type: City _____ 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) Drugs <input checked="" type="checkbox"/> U Alcohol <input checked="" type="checkbox"/> U Computer/Handheld Device <input checked="" type="checkbox"/> N	
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 Off. _____ Domestic Violence _____ Order of Arrest _____	
Charge Description Battery - Touch or Strike		Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number 784.03.1a1.	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 _____ day of _____ at _____ AM _____ PM (Specifically include facts constituting cause for arrest)					
See next page *****8					
Confidential Victim Information Included - YES <input checked="" type="checkbox"/> 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 09/11/2023		Officer's/Complainant's Signature Electronically Signed		ID# 2183	Officer's/Complainant's Name (Printed) Jose Rodriguez
Sworn and Subscribed before me, the undersigned authority this _____ day of 09/11/2023		Notary Signature Electronically Signed		Notary Name (Printed) Rich, Alysha R	
				Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____	
Patrol - West					Page 1 of 4

0501-460108
2183A
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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2023-00325490
Continuation Page 2 of 4		

Defendant / Juvenile Name (Last, Suffix) Scott	Defendant / Juvenile Name (First) Justin	Defendant / Juvenile Name (Middle) Timothy Terrell	OBTS Number 0501-460108
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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"/> Ord. <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"/>
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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, September 11, 2023, at approximately 1213 hours, I responded to [REDACTED] in reference to a battery.

Upon arrival, I made contact with [REDACTED] (Victim). I conducted a sworn digital audio recorded statement with [REDACTED] who stated the following in essence:

[REDACTED] stated that while he was working at [REDACTED] Mr. Justin Scott (Defendant) was inside the store bothering people. [REDACTED] stated that Mr. Scott walked outside the store. [REDACTED] confronted Mr. Scott and asked him to leave the store or he would have him trespass.

[REDACTED] stated that Mr. Scott had a squeegee in his hand and through it at [REDACTED] hitting him in the back. [REDACTED] then entered back into the store and Mr. Scott followed him, picked up the squeegee and through it back at [REDACTED] hitting him on his forehead.

It should be known, while I was talking with [REDACTED], I observed a significant red mark on his forehead that would be consistent with him getting hit with something.

That concludes my interview with [REDACTED]

I made contact with Mr. Scott at Tractor Supply located at 5600 N Wickham Road, Melbourne, Florida, 32940. Due to Mr. Scott been detained for a different incident that occurred at Tractor

Officer's/Complainant's Signature Electronically Signed	ID# 2183	Officer's/Complainant's Name (Printed) Jose Rodriguez
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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE BREVARD COUNTY, FLORIDA Arresting Agency Case Number
2023-00325490

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, Suffix) **Scott** Defendant / Juvenile Name (First) **Justin** Defendant / Juvenile Name (Middle) **Timothy Terrell** OBTS Number **0501-460108**

Victim was notified of their Marsy's Law rights - <input checked="" type="checkbox"/> YES <input 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	Victim Relationship to Offender	
Victim Address		Business Point of Contact Name and Number	
Contact Number / Type (include area code)		Victim Email Address	
Cellular Phone			

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	

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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	

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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	

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Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name	Victim Relationship to Offender	
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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 **Electronically Signed** ID# **2183** Officer's/Complainant's Name (Printed) **Jose Rodriguez**

AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2023-00325490
Continuation Page <u>4</u> of <u>4</u>		

Defendant / Juvenile Name (Last, Suffix) Scott	Defendant / Juvenile Name (First) Justin	Defendant / Juvenile Name (Middle) Timothy Terrell	OBTS Number 0501-460108
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PC _____ Capias _____ Warrant _____ Additional Charge _____		Date Issued _____		Writt Aff. _____ Domestic Violence _____ Order of Arrest _____	
Charge Description		Counts	F.S. _____ Ord. _____	Statute / Ordinance Number	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount		Warrant / Citation / Court Number

PC _____ Capias _____ Warrant _____ Additional Charge _____		Date Issued _____		Writt Aff. _____ Domestic Violence _____ Order of Arrest _____	
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Supply, I read Mr. Scott his Miranda Rights from my department issued Miranda Rights card. Mr. Scott agreed to speak to me.

Mr. Scott admitted to been at the [REDACTED] and throwing the squeegee at [REDACTED]. The incident was captured on the security video at [REDACTED].

Based on the totality of the circumstances, statements provided and the physical injuries observed, it was determined an act of battery had occurred. Mr. Scott was determined to be the predominant and primary aggressor, and probable cause was established for her arrest for the charge of Battery. Mr. Scott was placed under arrest and transported to Rockledge Regional for Clearance. After Been Cleared Mr. Scott was transported to the Brevard County Jail Complex.

Officer's/Complainant's Signature Electronically Signed	ID# 2183	Officer's/Complainant's Name (Printed) Jose Rodriguez
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