

PROBABLE CAUSE AFFIDAVIT	FORM PURPOSE: <u>On View (PC Arrest)</u> <u>Taken into Custody (Warrant/Capias Arrest)</u>	Capias Request _____ Summoned/Cited (NTA) _____	JUVENILE YES _____ NO <u>X</u> Referral _____ Civil Citation _____
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Arresting Agency ORI 0051200	Arresting Agency Name PALM BAY PD	Arresting Agency Case / Arrest Number 24-009934	OBTS Number 0S01-479079
FILE (SID) Number	FBI Number	DOC Number	Booking Agency ORI FL0650000
Location of Arrest (Include Name of Business) 896 MALABAR RD SE/CASSIA AVE SE		City PALM BAY	Location of Offense (Business Name, Address, City) 896 MALABAR RD SE/CASSIA AVE SE, PALM BAY
Offense Date OR Date Range 12/31/2024	Arrest Date / Time 12/31/2024 19:25	Charge Type (Check as many as apply) Misdemeanor <u>X</u> Traffic <u>X</u> Ordinance _____	Evidence Contacted (Check as many as apply) Vehicle _____ Firearm _____ Property _____

Name (Last, First, Middle) TATISTA, CARLOS GABRIEL				Alias and Type		Date of Birth 12/31/1996	Age 29	Jacket Number 5078535
Race	Ethnicity H	Sex M	Height 6'00	Weight 200	Eye Color BROWN	Hair Color BROWN		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								
Local Address (Street, Apt. Number) 610 WORCESTER RD APT 439, PALM BAY FRAMINGHAM, MA 01702			City, State, Zip		Phone/Type (include area code)		Primary Language English	
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile 610 WORCESTER RD APT 439, PALM BAY FRAMINGHAM, MA 01702			City, State, Zip		Phone/Type (include area code)		Complexion	
Business Address (Name, Street) or School if Juvenile			City, State, Zip		Phone/Type (include area code)		Build	
Driver's License State / Number / Type MA S49700243		Social Security Number*		INS Number		Place of Birth		Citizenship
Residence Type City _____ County _____ Florida _____ Out of State _____			Mark All that Apply (Y, N, Unk) Homeless <u>N</u> Sex Offender <u>N</u> Gang Affiliation <u>N</u>			Suspected of Using (Y, N, Unk) Alcohol <u>Y</u> Computer/Handheld Device <u>N</u> Drugs <u>N</u>		
PARENT Driver's License State / Number / Type		PARENT Social Security Number		Juvenile Civil Citation Not Referred Exploration			Juvenile Facility	

* Collection of Social Security Numbers from incarcerated individuals is to verify identity and may be shared with other law enforcement agencies.

PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued <u>1/1</u>	Write Off _____	Domestic Violence _____	Order of Arrest _____	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	FS <u>X</u> Ord _____	Statute / Ordinance Number 316.193, 1A	Reclassifier
Drug Activity	Drug Type ALCOHOL	Amount / Unit	Bond Amount \$500.00	Warrant / Citation / Court Number	

The undersigned certifies and swears that herein has just and reasonable grounds believe and does believe that the above named Defendant committed the following violation of law

On the 31 day of December at 7:00 AM X PM _____ (Specifically include facts constituting cause for arrest)

On the above date and time, I saw the defendant operating a vehicle. I noticed he drifted within the lane at various points, contacting the center line and fog line at various points. He made wide slow turns. I had a ...

In accordance with F.S.S. 908.27, I hereby request reimbursement of investigative costs consisting of _____ per hr and/or _____ miles @ \$ _____ per mile for a total of \$ _____

Affidavit Attached: YES _____ NO _____ Confidential Victim Information Included - YES _____ NO X Continue for Narrative X Charges _____

Mandatory Appearance in Court		Location (Court and Address)		Division #	
Date: Month _____ Day _____ Year _____		Time _____ AM <u>X</u> PM			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSES CHARGED OR TO PAY THE FINE (SUBSCRIBER) 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	

Hold for Other Agency	Verified By:	Do Not Bond Out Reason _____ Hold for 1st Appearance (Adults Only)			
Name:	Officer's/Complainant's Signature		ID #	Officer's/Complainant's Name (Printed)	
I swear/affirm the above and attached statements are true and correct <u>31</u> on <u>DEC 24</u>			<u>187</u>	LUTZ, EDWIN	
Sworn and Subscribed before me, the undersigned authority this <u>31</u> day of <u>DEC 24</u>	Notary Signature <u>Tu J...</u> # <u>207</u>		Notary Name (Printed) HODGDON, TODD (207)		Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known _____ ID _____

AGENCY NAME: PALM BAY PD	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 24-009934
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Defendant / Juvenile Name (Last, First, Middle) BATISTA, CARLOS GABRIEL	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 _____

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Narrative (continued):
 concerned about the defendant ability to operate his vehicle. He entered a parking lot to avoid a traffic signal and then went past a stop sign/bar is violation of 316.127. I conducted a traffic stop.
 Upon and during the stop, I noticed watery and bloodshot eyes, a fixed gaze, a strong odor of an alcoholic beverage, he appeared confused at points, etc. He denied drinking but later uttered post arrest he had drank earlier. I administered SFST and saw all six clues on HGN, at least three clues on WVI, and at least one clue on OLS. I believed the defendant was DUI and arrested him. He refused a breath test by continuously not answering the question after implied consent warnings were provided. TOT BC30.

Officer's/Complainant's Signature 	ID# 197	Officer's/Complainant's Name (Printed) LUTZ, EDWIN
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