

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 2024-00289359	OBTS Number 0501474624
FDLE (SID) Number	FBI Number	DGC Number	Transport Time 20:24
Location of Arrest (Include Name of Business) Canaveral City Park		City Canaveral FL 32920	
Location of Offense (Business Name, Address) Veterans of Foreign Wars		City 105 LONG POINT RD Cape Canaveral FL 32920	
Offense Date OR Date Range 09/02/2024 - 09/02/2024	Arrest Date / Time 09/02/2024 19:58	Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____	Felony <input checked="" type="checkbox"/> Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____

Name (Last, Suffix) OGDEN	Name (First) JAYDON	Name (Middle) THOMAS	Alias and Type	Date of Birth 09/10/1984	Age 39	Jacket Number 5069107
Race W-White	Ethnicity Non-Hispanic	Sex Male	Height 6' 4"	Weight 261	Eye Color Hazel	Hair Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						
Local Address (Street, Apt. Number) 355 PINE AV, Cocoa FL 32922		City, State, Zip		Phone/Type (include area code) (321)487-5742	Primary Language English <input checked="" type="checkbox"/> English	
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 355 PINE AV Cocoa FL Cocoa		City, State, Zip		Phone/Type (include area code)	Complexion Fair	
Business Address (Name, Street) or School if Juvenile UNEMPLOYED		City, State, Zip		Phone/Type (include area code)	Build Heavy	
Driver's License State / Number / Type NV / 1405022837	Social Security Number* [REDACTED]	INS Number	Place of Birth KS	Citizenship U.S. Citizen		
Residence Type: City _____ County <input checked="" type="checkbox"/> Florida _____ Out of State _____		Mark All that Apply (Y, N, Unk) Homeless <input type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input type="checkbox"/>		Suspected of Using (Y, N, Unk) Alcohol <input 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 Grand Theft Other Larceny >750 <5K	Counts 1	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 812.014.2c1	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 02 day of September, 2024 at 1904 AM <input checked="" type="checkbox"/> PM	(Specifically include facts constituting cause for arrest)
See the Narrative on the Continuation Page(s)	
Confidential Victim Information Included - YES <input checked="" type="checkbox"/> NO <input 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 <input checked="" type="checkbox"/> 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
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 09/02/2024		Hold for 1st Appearance (Adults Only)
Officer's/Complainant's Signature Electronically Signed	ID# 0010	Officer's/Complainant's Name (Printed) Lourdes Dominicis
Notary Signature Electronically Signed	Notary Name (Printed) Facemyer, Sheila	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____

0501474624
750A
\$ 38.23

AGENCY NAME:	BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number
Continuation Page 2 of 4			2024-00289359

Defendant / Juvenile Name (Last, Suffix)	Defendant / Juvenile Name (First)	Defendant / Juvenile Name (Middle)	OBTS Number
OGDEN	JAYDON	THOMAS	0501474624

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	Writ Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input checked="" type="checkbox"/>	Statute / Ordinance Number	Reclassifier
Sex Offender - Fail to Provide Personal Info	1	Ord. <input type="checkbox"/>	943.0435.2b	
Drug Activity	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	
		NO BOND		

PC <input checked="" 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 checked="" type="checkbox"/>	Statute / Ordinance Number	Reclassifier
Resist Officer WO Viol	1	Ord. <input type="checkbox"/>	843.02	
Drug Activity	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	
		NO BOND		

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	Reclassifier
		Ord. <input type="checkbox"/>		
Drug Activity	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 the above date and time, I was on a routine patrol of the area of Canaveral City Park located at 7777 Magnolia Avenue, Cape Canaveral, Brevard County, Florida 32920. While on a routine patrol, I observed a white male pushing a white and blue electronic bicycle on the property of Canaveral City Park. Prior to identifying the white male, Mr. Jaydon Thomas Ogden (Arrestee), at the park, FTO G. Givans ID#5015 conducted an investigation regarding a stolen white and blue electronic bicycle from the Veterans of Foreign Wars (VFW) located at 105 Long Point Road, Cape Canaveral, Brevard County, Florida 32920.

Due to the electronic bicycle in Mr. Ogden's possession matching FTO Givans's stolen electronic bicycle investigation, I approached the male and advised he was detained until the bicycle could be verified. The defendant refused to identify himself regardless of being informed of the investigation I was conducting.

FTO Givans contacted the victim, who verified the electronic bicycle Mr. Ogden was in possession of was her electronic bicycle which was stolen from the VFW.

I conducted a FCIC/NCIC query on Mr. Ogden which identified he is a registered sexual offender. The defendant was in possession of a Nevada Identification Card, however, could not provide proof of a Florida Identification Card. The defendant refused to identify himself and refused to identify himself as a registered sexual offender.

Mr. Ogden was subsequently placed under arrest for Grand Theft, Sex Offender- Fail to Provide Personal

Officer's/Complainant's Signature	ID#	Officer's/Complainant's Name (Printed)
Electronically Signed	0010	Lourdes Dominicis

AGENCY NAME: **BREVARD COUNTY SHERIFF'S OFFICE** BREVARD COUNTY, FLORIDA Arresting Agency Case Number
2024-00289359

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, Suffix) **OGDEN** Defendant / Juvenile Name (First) **JAYDON** Defendant / Juvenile Name (Middle) **THOMAS** OBTS Number **0501474624**

VICTIM INFORMATION Victim was notified of their Marsy's Law rights - YES ___ NO Victim requests their personal information remain confidential - YES ___ NO

Victim Type ___ Business Individual Name (Last, First, Middle) or Business Name **O'QUINN, NANCY LOUISE** Victim Relationship to Offender [REDACTED]

Individual

Victim Address [REDACTED] Business Point of Contact Name and Number

Contact Number / Type (include area code) Victim Email Address

VICTIM INFORMATION Victim was notified of their Marsy's Law rights - ___ YES ___ NO Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type ___ Business Individual Name (Last, First, Middle) or Business Name Victim Relationship to Offender

___ Individual

Victim Address Business Point of Contact Name and Number

Contact Number / Type (include area code) Victim Email Address

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Contact Number / Type (include area code) Victim Email Address

Officer's/Complainant's Signature **Electronically Signed** ID# **0010** Officer's/Complainant's Name (Printed) **Lourdes Dominicis**

AGENCY NAME: **BREVARD COUNTY SHERIFF'S OFFICE** BREVARD COUNTY, FLORIDA Arresting Agency Case Number
 Continuation Page 4 of 4 **2024-00289359**

Defendant / Juvenile Name (Last, Suffix) **OGDEN** Defendant / Juvenile Name (First) **JAYDON** Defendant / Juvenile Name (Middle) **THOMAS** OBTS Number **0501474624**

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

Information, and Resisting Officer Without Violence. Mr. Ogden was transported to the Brevard County Jail Complex.

DETAILED CASE REPORT TO FOLLOW

Officer's/Complainant's Signature **Electronically Signed** ID# **0010** Officer's/Complainant's Name (Printed) **Lourdes Dominicis**