

PROBABLE CAUSE AFFIDAVIT	FORM PURPOSE: On View (PC Arrest) <input checked="" type="checkbox"/> Taken into Custody (Warrant/Capias Arrest)	Capias Request: _____ Summons/Cited (MFA) _____	JUVENILE: YES _____ NO <input checked="" type="checkbox"/> Referral: _____ Civil Citation: _____
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Arresting Agency ORI Number 051200	Arresting Agency Name CITY OF PALM BAY POLICE DEPARTMENT	Arresting Agency Case/Arrest Number 24-009940	OBTS Number 0501479081
FDLE Number	FBI Number	DOC Number	Transport Time
Location of Arrest (Include Name of Business) Malabar Road & Minton Road		City City of Palm Bay	
Location of Offense (Include Name of Business) Malabar Road & Minton Road		City City of Palm Bay	
Offense Date OR Date Range 12/31/2024	Arrest Date/Time 12/31/2024 22:39	Charge Type (Select as many as apply) Misdemeanor _____ Traffic <input checked="" type="checkbox"/> Felony Ordinance _____	Evidence Confiscated (Select as many as apply) Vehicle _____ Firearm _____ Property _____

Name (Last, First, Middle) Dorsch, David, Wayne		Alias and Type		Date of Birth 11/16/1962	Age 62	Jacket Number 4595567
Race White	Ethnicity N/A	Sex Male	Height 5'10"	Weight 200	Eye Color Brown	Hair Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None						
Local Address (Street, Apt. Number) 1281 Knecht Road NE		City, State, Zip Palm Bay FL 32907		Phone/Type (include area code)		Primary Language English <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. Number) or parent's if Juvenile (Same as Address)		City, State, Zip		Phone/Type (include area code)		Complexion Light
Business Address (Street, Apt. Number)		City, State, Zip		Phone/Type (include area code)		Build Average
Driver's License State/ Number/ Type Florida / D620179624160 / E		Social Security Number*		INS Number	Place of Birth Maryland	Citizenship United States of America
Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____		Homeless <input type="checkbox"/> Sex Offender <input type="checkbox"/> Gang Affiliation <input type="checkbox"/>		Suspect of Using (Y, N, Unk) Alcohol <input checked="" 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 D.U.I. - Fourth or Subsequent Offense (6th)			Counts 1	F.S. <input checked="" type="checkbox"/> Ord.	Statute/ Ordinance Number 316.193 (2)(b)(3)	Re-classifier N/A
Drug Activity N/A	Drug Type N/A	Amount/Unit	Bond Amount None	Warrant / Citation / Court Number		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe and does believe that the above Defendant committed the following violation of law

On the 31 day of December at 22:39 -- AM PM

See attached narrative.

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, Room Number, Address) Viera Court House, 2825 Judge Fran Jamieson Way, Viera, FL 32940		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. I DO on 12/31/24		Officer's/Complainant's Signature Digitally signed by Todd Hodgdon Date: 2024.12.31 23:10:32 -05'00'	ID # 207
Sworn and subscribed before me, the undersigned authority this 31 day of 12, 2024		Notary Signature Digitally signed by Edwin J Lutz	Notary Name (Printed) Edwin J Lutz
		Officer's/Complainant's Name (Printed) T. Hodgdon #207	
		Notary/Law Enforcement Officer in Performance of Official Duties, Personally Known <input checked="" type="checkbox"/> ID	

Defendant / Juvenile Name (Last, First, Middle) **Dorsch, David, Wayne** OBTS Number

Co-Defendant name (Last, First, Middle) Not Applicable	Race	Sex	Date of Birth or Age	Juvenile (Y/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) Not Applicable	Race	Sex	Date of Birth or Age	Juvenile (Y/N)
Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				

<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/> Date Issued <input type="checkbox"/> With Aft. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>	Charge Description VOP	Counts 1	F.S. <input checked="" type="checkbox"/> Ord <input type="checkbox"/>	Statute/ Ordinance Number 948.06	Re-classifier N/A
Drug Activity N/A	Drug Type N/A	Amount/Unit	Bond Amount No Bond	Warrant / Citation / Court Number 15CF003722	

<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/> Date Issued <input type="checkbox"/> With Aft. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>	Charge Description DUI With Prior Refusal	Counts 1	F.S. <input checked="" type="checkbox"/> Ord <input type="checkbox"/>	Statute/ Ordinance Number 316.1939.1	Re-classifier N/A
Drug Activity N/A	Drug Type N/A	Amount/Unit	Bond Amount \$500.00	Warrant / Citation / Court Number 010	

<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/> Date Issued <input type="checkbox"/> With Aft. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>	Charge Description N/A	Counts	F.S. <input type="checkbox"/> Ord <input type="checkbox"/>	Statute/ Ordinance Number	Re-classifier
Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number	

Year 2004	Make GMC	Model Pickup Truck	VIN 1GTHC29U84E233158	Tag / Tag State IG1M29 / Florida	Primary Color Black	Secondary Color Black
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*If Applicable, provide information related to the vehicle involved in the crime.

On the above date and time, Officer Franze #229 stopped the defendant for failing to stop at a red light. During the stop, Officer Franze #229 noticed indicators of impairment and requested I respond. Upon my arrival and during my contact, I smelled an odor of an alcoholic beverage coming from the defendant and noticed slow speech and bloodshot eyes.

The defendant performed Standardized Field Sobriety Tests and I observed the following indicators of impairment: six clues on the HGN test, at least six clues on WAT, and at least three clues on OLS.

Based on being a DRE, along with my training, education and experience I believed the defendant was DUI and placed him into custody. The defendant refused after implied consent to take a breath test.

The defendant was transported to the Palm Bay Police Department for booking, and later transferred to the Brevard County Jail. When performing a check of the defendant I observed he was on probation (Case # 1503722) in which it stated he may not use or possess alcohol.

The defendant was charged with Driving Under The Influence Forth Or Subsequent per F.S.S. 316.193(2)(B)(3), Driving Under The Influence With Prior Refusals per F.S.S. 316.1939(1), Violation Of Probation per F.S.S. 948.06.

Officer's/Complainant's Signature Todd Hodgdon	Digitally signed by Todd Hodgdon Date: 2024.12.31 23:13:24 -05'00'	ID # 207	Officer's/Complainant's Name (Printed) T. Hodgdon #207
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AGENCY NAME: CITY OF PALM BAY POLICE DEPARTMENT BREVARD COUNTY, FLORIDA Arresting Agency Case Number 24-009940

NARRATIVE: Continuation Page 3 of 4

Defendant / Juvenile Name (Last, First, Middle) Dorsch, David, Wayne OBTS Number

CHARGE	PC	Capias	Warrant	Additional Charge	Date Issued		Writt Aff.	Domestic Violence	Order of Arrest
	Charge Description					Counts	F.S. Ord.	Statute/ Ordinance Number	Re-classifier
	N/A								
Drug Activity				Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number		

CHARGE	PC	Capias	Warrant	Additional Charge	Date Issued		Writt Aff.	Domestic Violence	Order of Arrest
	Charge Description					Counts	F.S. Ord.	Statute/ Ordinance Number	Re-classifier
	N/A								
Drug Activity				Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number		

CHARGE	PC	Capias	Warrant	Additional Charge	Date Issued		Writt Aff.	Domestic Violence	Order of Arrest
	Charge Description					Counts	F.S. Ord.	Statute/ Ordinance Number	Re-classifier
	N/A								
Drug Activity				Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number		

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Officer's/ Complainant's Signature: Todd Hodgdon Digitally signed by Todd Hodgdon Date: 2024.12.31 23:13:43 -05'00' ID #: 207 Officer's/Complainant's Name (Printed): T. Hodgdon #207

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, First, Middle) Dorsch, David, Wayne OBTS Number

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's Relationship to Offender	
Victim Address		Business Point of Contact Name and Number	
Contact Number / Type (include area code)		Victim's 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's Relationship to Offender	
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Contact Number / Type (include area code)		Victim's 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's Relationship to Offender	
Victim Address		Business Point of Contact Name and Number	
Contact Number / Type (include area code)		Victim's Email Address	

Officer's/ Complainant's Signature Todd Hodgdon	Digitally signed by Todd Hodgdon Date: 2024.12.31 23:13:56 -05'00'	ID # 207	Officer's/Complainant's Name (Printed) T. Hodgdon #207
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