

PROBABLE CAUSE AFFIDAVIT	PURPOSE View (FL Arrest) <input checked="" type="checkbox"/> Taken into Custody (Warrant/Capias/Arrest)	Capias Request Summons/Cited (N/A)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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Arresting Agency (ORI) Number 051200	Arresting Agency Name CITY OF PALM BAY POLICE DEPARTMENT	Arresting Agency Case/Arrest Number 24-009893	ORIS Number 0501479010
FDLE Number	FBI Number	DOC Number	Transient Time
Location of Arrest (Include Name of Business) 485 ELLINGTON AVE SE; PB	City City of Palm Bay	Location of Offense (Include Name of Business) JUPITER BLVD/ ELDRON BLVD	City City of Palm Bay
Offense Date (or Date Range) 12/29/2024	Arrest Date/Time 12/29/2024 23:38	Charge - Type (Select as many as apply) Misdemeanor	Offense Category Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic <input type="checkbox"/> Grievance <input type="checkbox"/> Vehicle <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Property <input type="checkbox"/>

Name (Last, First, Middle) BARCO, JOHNATHON, TYREE	Alias and Type	Date of Birth 04/11/1981	Age 43	Jacket Number 4007477
Race Black	Ethnicity N/A	Sex Male	Height 6'1"	Weight 250
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				
Local Address (Street, Apt. Number) 195-201 DAFFODIL DR SW	City, State, Zip Palm Bay FL 32909	Phone/Type (include area code) NONE	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 Dark	
Business Address (Street, Apt. Number)	City, State, Zip	Phone/Type (include area code)	Build Heavy	
Driver's License State/ Number/ Type B620438811310 (FL)	Serial Security Number*	INS Number	Place of Birth Florida	Citizenship United States of America
Residence Type: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Homeless <input type="checkbox"/>	Mark AB that Apply (Y, N, Unk) Sex Offender <input type="checkbox"/> Gang Affiliation <input type="checkbox"/>	Suspect 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

FL <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge	Date Issued	Write Off	Domestic Violence	Order of Arrest
Charge Description HABITUAL - DWLS	Counts 1	Statute/ Ordinance Number 322.34 (5)	Re-classifier	
Drug Activity NONE	Drug Type	Amount/Unit	Bond Amount NO BOND	Warrant / Citation / Court Number AK4DFIC

The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe and does not believe that the above Defendant committed the following violation of law

On the 29 day of DECEMBER, 2024 at 23:38 -- AM -- PM (Specifically include facts constituting cause for arrest)

See attached narrative.

Confidential Victim Information Included - YES NO

In accordance with F.S. 938.27, I hereby request reimbursement of two signature costs consisting of _____ hrs @ \$ _____ per hr and/or _____ calls @ \$ _____ per mine for a total of \$ _____

Affidavit Attached: YES NO

Continue for: Narrative Charges

Mandatory Appearance in Court	Location (Court, Room Number, if relevant) 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 / Guardian	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 12/10/24	Officer's/Complainant's Signature Austin Manning	Digitally signed by Austin Manning Date: 2024.12.30 02:14:52 -05'00'	RD # 267 Officer's/Complainant's Name (Printed) A.MANNING
Sworn and subscribed before me, the undersigned authority this 30 day of December 24	Notary Signature Aaron Yuergens	Digitally signed by Aaron Yuergens Date: 2024.12.30 03:40:54 -05'00'	Notary Name (Printed) Cpl. A. Yuergens 227 Notary/ Law Enforcement Officer in Performance of Official Duties, Personally Known <input checked="" type="checkbox"/> <input type="checkbox"/>

0501479010

\$716.48

SO1A

AGENCY NAME:	CITY OF PALM BAY POLICE DEPARTMENT	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number
Continuation Page 2 of 4			
Defendant / Juvenile Name (Last, First, Middle)			OBTS Number

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

PC <input checked="" type="checkbox"/>	Copies	Warrant	Additional Charge	Date Issued	Writ Aff.	Domestic Violence	Order of Arrest
Charge Description	Counts	F.S. <input checked="" type="checkbox"/>	Statute / Ordinance Number	Re-classifier			
POSSESSION OF CONTROLLED SUBSTANCE	1	893.13 (6)A					
Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number			
POSSESSION	FENTANYL	5 GRAMS	NO BOND				

PC <input checked="" type="checkbox"/>	Copies	Warrant	Additional Charge	Date Issued	Writ Aff.	Domestic Violence	Order of Arrest
Charge Description	Counts	F.S. <input checked="" type="checkbox"/>	Statute / Ordinance Number	Re-classifier			
POSSESSION OF A CONTROLLED SUBSTANCE	1	893.13 (6)A					
Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number			
POSSESSION	MARIJUANA	28 GRAMS	NO BOND				

PC <input checked="" type="checkbox"/>	Copies	Warrant	Additional Charge	Date Issued	Writ Aff.	Domestic Violence	Order of Arrest
Charge Description	Counts	F.S. <input checked="" type="checkbox"/>	Statute / Ordinance Number	Re-classifier			
POSSESSION OF A FIREARM CONVICTED FELON	1	790.23					
Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number			
			NO BOND				

Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
2020	CHEVY	Passenger Car	1G1ZD55T8LF020393	RBLP03	WHITE	WHITE
*If Applicable, provide information related to the vehicle involved in the crime						

On Sunday, December 29th, 2024, at approximately 2318, while conducting routine patrol at the intersection of Jupiter Blvd/Eldron Blvd, I observed a white Chevrolet Malibu bearing a Florida tag (RBLP03) run the red light.

I conducted a traffic stop by activating my overhead blue/red lights and siren. I made contact with the driver and explained my reason for the stop. I asked the driver for his driver's license, which he could not provide me with. I then asked the driver for his social security number, which he could not provide either. The driver then provided his name (Donte Actkins)(Dob:12/16/1981). No record of his name was in FCIC/NCIC.

While speaking with the male, my backup officer (Sgt. T. Fooks #214) observed a marijuana grinder with a green leafy substance inside the grinder. It should be noted that a strong odor of marijuana was also emitted from the vehicle.

I conducted a probable cause search of the vehicle. I located a black bag behind the rear seat of the vehicle, which contained a brown SCCY 9mm firearm (loaded)(SN:4697010), marijuana (28 grams)(positive marijuana), and a brown rocky substance. The brown rocky substance was tested utilizing a field drug test kit, which tested positive for fentanyl. It should be noted that I located the driver's Florida ID card, which showed his name to be (Johnathon Barco).

Mr. Barco was run through FCIC/NCIC by Palm Bay Police Department Dispatch. Dispatch advised Mr. Barco was a habitual traffic offender, convicted felon, and on probation (CASE #E57439). Felony case #'s out of BCSO clerk of courts 052015cf024432axxxx , 052017ct045421axxxx , 052021cf021222axxxx , 052021cf035458axxxx , 052023cf019773axxxx.

Mr. Barco was placed under arrest, and a search was conducted on his person. Officers located three clear baggies with a white substance, which later tested positive for cocaine.

Mr. Barco was transported to the Palm Bay Police Department for booking and was later turned over to The Brevard County Sheriff's Office Jail Complex.

Officer's/Complainant's Signature	Digitally signed by Austin Manning Date: 2024.12.30 02:14:57 -05'00'	ID.# 267	Officer's/Complainant's Name (Printed)
Austin Manning			A. Manning (AM)
Filing 213595306	VS		05-2024-CF-060663-AXXX-BC

Defendant / Juvenile Name (Last, First, Middle) _____ OBTS Number _____

PC <input checked="" type="checkbox"/>	Class	Warrant	Additional Charge	Date Issued	Writ Off	Domestic Violence	Order of Arrest
Charge Description: FALSE NAME TO LEO				Counts: 1	F.S. <input checked="" type="checkbox"/> Ord.	Statute/ Ordinance Number: 901.36	Re-classifier
Drug Activity		Drug Type		Amount/Unit	Bond Amount: NO BOND	Warrant / Citation / Court Number: <i>No Bond</i>	

PC <input checked="" type="checkbox"/>	Class	Warrant	Additional Charge	Date Issued	Writ Off	Domestic Violence	Order of Arrest
Charge Description: VIOLATION OF PROBATION				Counts: 1	F.S. <input checked="" type="checkbox"/> Ord.	Statute/ Ordinance Number: 948.06	Re-classifier
Drug Activity		Drug Type		Amount/Unit	Bond Amount: NO BOND	Warrant / Citation / Court Number: CASE 4557429 2819773	

PC <input checked="" type="checkbox"/>	Class	Warrant	Additional Charge	Date Issued	Writ Off	Domestic Violence	Order of Arrest
Charge Description: POSSESSION OF CONTROLLED SUBSTANCE				Counts: 1	F.S. <input checked="" type="checkbox"/> Ord.	Statute/ Ordinance Number: 893.13 (6)A	Re-classifier
Drug Activity: POSSESSION		Drug Type: COCAINE		Amount/Unit: 2 GRAMS	Bond Amount: NO BOND	Warrant / Citation / Court Number	

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VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, First, Middle)	OBTS Number
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Victim was notified of their Marsy's Law rights - YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Victim requests their personal information remain confidential - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name: society
Victim's Relationship to Offender: Stranger	Victim Address
Contact Number / Type (include area code)	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 - YES <input type="checkbox"/> NO <input type="checkbox"/>	Victim requests their personal information remain confidential - YES <input type="checkbox"/> NO <input type="checkbox"/>
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name
Victim's Relationship to Offender	Victim Address
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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 <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name
Victim's Relationship to Offender	Victim Address
Contact Number / Type (include area code)	Business Point of Contact Name and Number
Contact Number / Type (include area code)	Victim's Email Address

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Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name
Victim's Relationship to Offender	Victim Address
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Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name
Victim's Relationship to Offender	Victim Address
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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 <input type="checkbox"/>	Individual Name (Last, First, Middle) or Business Name
Victim's Relationship to Offender	Victim Address
Contact Number / Type (include area code)	Business Point of Contact Name and Number
Contact Number / Type (include area code)	Victim's Email Address

Officer's/Complainant's Signature Austin Manning	Digitally signed by Austin Manning Date: 2024.12.30 02:15:35 -05'00'	ID # 267	Officer's/Complainant's Name (Printed) <i>A. Manning</i>	<i>Am</i>
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