

<b>PROBABLE CAUSE AFFIDAVIT</b>	FORM PURPOSE	On View (PC Arrest) _____	Capias Request <input checked="" type="checkbox"/>	JUVENILE	YES _____	NO <input checked="" type="checkbox"/>
		Taken into Custody (Warrant/Capias Arrest) _____	Summoned/Cited (NTA) _____	Referral _____	Civil Citation _____	

<b>ADMINISTRATIVE</b>	Arresting Agency ORI Number	Arresting Agency Name		Arresting Agency Case/Arrest Number	ORIS Number
	051200	CITY OF PALM BAY POLICE DEPARTMENT		23008870	
	FDLE Number	FBI Number	DOC Number	Transport Time	Jail Date/Time
					Jail Booking Number
	Location of Arrest (Include Name of Business)		City	Location of Offense (Include Name of Business)	
	[REDACTED]		[REDACTED]	[REDACTED]	
	Offense Date OR Date Range	Arrest Date/Time	Charge Type (Select as many as apply)		Evidence Confiscated (Select as many as apply)
	09/27/2023		Misdemeanor _____ Traffic _____ Felony Ordinance <input checked="" type="checkbox"/>		Vehicle _____ Firearm _____ Property _____

<b>DEFENDANT / JUVENILE</b>	Name (Last, First, Middle)			Alias and Type	Date of Birth	Age	Jacket Number
	SCOTT, JUSTIN, TIMOTHY				11/17/1995	27	
	Race	Ethnicity	Sex	Height	Weight	Eye Color	Hair Color
	Black	N/A	Male	5'10"	180	Brown	Brown
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						
	Local Address (Street, Apt. Number)			City, State, Zip	Phone/Type (Include area code)		Primary Language
	GENERAL DELIVERY			VERO BEACH FL 32960			English
	Permanent Address (Street, Apt. Number) or parent's if juvenile (Same as Address)			City, State, Zip	Phone/Type (Include area code)		Complexion
	(Same as Address)						Dark
	Business Address (Street, Apt. Number)			City, State, Zip	Phone/Type (Include area code)		Build
						Average	
Driver's License State/ Number/ Type		Social Security Number*	INS Number	Place of Birth		Citizenship	
FL 5300438954170		[REDACTED]		MARYLAND		United States of America	
Residence Type:		Mark All that Apply (Y, N, UNK)			Suspect of Using (Y, N, UNK)		
City _____ County <input checked="" type="checkbox"/> Florida _____ Out of State _____		Homeless Y _____ Sex Offender N _____ Gang Affiliation N _____			Alcohol N _____ Computer/ Handheld Device 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.

<b>CHARGE</b>	PC	Capias <input checked="" type="checkbox"/>	Warrant	Additional Charge	Date Issued	Writ Aff	Domestic Violence	Order of Arrest
					09/27/2023			
	Charge Description				Counts	J.S. <input checked="" type="checkbox"/> Ord	Statute/ Ordinance Number	Re-classifier
AGGRAVATED BATTERY (MED CARE PROVIDER)				2		784.07.2.D		
Drug Activity		Drug Type		Amount/Unit	Bond Amount	Warrant / Citation / Court Number		

<b>PROBABLE CAUSE</b>	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 27 day of SEPTEMBER, 2023 at 02:35 <input checked="" type="checkbox"/> AM --- PM (Specifically include facts constituting cause for arrest)							
	See attached narrative.							
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 <input checked="" type="checkbox"/> NO _____ Continue for Narrative <input checked="" type="checkbox"/> Charges _____								

<b>MANDATORY APPEARANCE</b>	<b>Mandatory Appearance in Court</b>		Location (Court, Room Number, Address)				Division #
			Viera Court House, 2825 Judge Fran Jamieson Way, Viera, FL 32940				
			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

<b>COMPLAINT</b>	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 9/27/23	Officer's/Complainant's Signature	Digitally signed by Marcel Rodriguez Date: 2023.09.27 03:51:59 -0400'	ID #	Officer's/Complainant's Name (Printed)	
		Marcel Rodriguez		134	MARCEL RODRIGUEZ	
Sworn and subscribed before me, the undersigned authority this 27 day of 09, 2023	Notary Signature	Digitally signed by Derek Hollcroft Date: 2023.09.27 05:17:50 -0400'	Notary Name (Printed)		Notary / Law Enforcement Officer in Performance of Official Duties Personally Known <input checked="" type="checkbox"/> ID	
	Derek Hollcroft		CPL HOLLCROFT, D #112			

Defendant / Juvenile Name (Last, First, Middle) **SCOTT, JUSTIN, TIMOTHY** OBTS Number

CO-D	Co-Defendant name (Last, First, Middle) <b>Not Applicable</b>	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-D	Co-Defendant name (Last, First, Middle) <b>Not Applicable</b>	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"/>				

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

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VEHICLE	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 listed date and time, I responded to [REDACTED] in reference to a battery.

Prior to this battery, the suspect was transported to Palm Bay ER for a Baker Act reference DR# 23-008868. The first victim advised he was attempting to draw blood from the suspect. The suspect became enraged, turned towards the victim and spit, striking the victim on his face, arm, and shoulder. The second Victim (Hospital staff Security) entered the room to assist Victim 1, at which point the suspect turned towards Victim number two, and spit on her as well, striking her on the lower part of her pants. Due to the suspects behavior, medical staff advised the suspect needed to be sedated.

Due to the suspect intentionally spitting on the victims against their will, and the sworn statements provided on scene from both victims, a Capias is being filed for Aggravated Battery on medical care provider, due to the subject being on a Baker Act status, and the subject being sedated at this time.

Officer's/Complainant's Signature <b>Marcel Rodriguez</b>	Digitally signed by Marcel Rodriguez Date: 2023.09.27 03:51:24 -04'00'	ID # <b>134</b>	Officer's/Complainant's Name (Printed) <b>MARCEL RODRIGUEZ</b>
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Defendant / Juvenile Name (Last, First, Middle) **SCOTT, JUSTIN, TIMOTHY** OBTS Number

PC	Copies	Warrant	Additional Charge	Date Issued	With AF	Domestic Violence	Order of Arrest
Charge Description		Counts	F.S. Ord	Statute/ Ordinance Number		Re-classifier	
Drug Activity		Drug Type		Amount/Unit	Bond Amount	Warrant / Citation / Court Number	

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Officer's/ Complainant's Signature: **Marcel Rodriguez** Digitally signed by Marcel Rodriguez Date: 2023.09.27 03:50:40 -04'00' ID #: **134** Officer's/Complainant's Name (Printed): **MARCEL RODRIGUEZ**

AGENCY NAME: CITY OF PALM BAY POLICE DEPARTMENT

BREVARD COUNTY, FLORIDA Arresting Agency Case Number 23008870

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, First, Middle)

OBTS Number

SCOTT, JUSTIN, TIMOTHY

VICTIM INFORMATION	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Victim Type <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name [REDACTED]	Victim's Relationship to Offender Stranger	
	Victim Address [REDACTED]		Business Point of Contact Name and Number	
	Contact Number / Type (include area code) [REDACTED]		Victim's Email Address	

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

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Officer's/Complainant's Signature <b>Marcel Rodriguez</b>	Digitally signed by Marcel Rodriguez Date: 2023.09.27 03:49:37 -04'00'	ID # 134	Officer's/Complainant's Name (Printed) MARCEL RODRIGUEZ
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