



# SHERIFF ERIC FLOWERS

INDIAN RIVER COUNTY SHERIFF'S OFFICE

4055 41ST AVE., VERO BEACH, FL 32960 • (772) 569-6700 • IRCSHERIFF.ORG

**ARREST AFFIDAVITS THAT HAVE A SOCIAL SECURITY NUMBER WILL BE REDACTED IN ACCORDANCE WITH THE FOLLOWING FLORIDA STATE STATUTES:**

- **SOCIAL SECURITY NUMBERS- F.S. 119.071(5)(a)**
- **MARSY'S LAW- FLORIDA CONSTITUTION ARTICLE 1, SECTION 16(B)(5)**

**SOME ARREST AFFIDAVITS WILL REQUIRE ADDITIONAL REDACTIONS AND THOSE AFFIDAVITS WILL BE MARKED ACCORDINGLY.**



POB: Vero Beach, Florida

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                        | <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                                                                                                        |  |                               |                        | Case Report # <b>2026-00102996</b> Booking # <b>2026-2366</b>                                                                                                                                                     |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Charge Type, check as many as apply: <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                              |  |                               |                        | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Location of Arrest:<br><b>4055 41ST AVENUE<br/>         VERO BEACH, FL 32960</b>                                                                                                                                                                                                                                                            |  |                               |                        | Court Case # _____    OBTS # <b>3101163162</b><br>Victim <input type="checkbox"/> Domestic Violence    Weapons / Seized _____                                                                                     |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Date of Arrest: <b>09/24/2026</b> Time of Arrest: <b>23:53</b> Date of Offense: <b>09/25/2026</b> Fingerprinted: <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal    Fingerprinted By: <b>Shi</b>                                                                               |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
| <b>Defendant Adult / Juvenile</b>                                                                                                                                                                                            | Name: <b>Adult - Cobbs, Lawrence Emmanuel III</b> Alias: _____                                                                                                                                                                                                                                                                              |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Race: <b>Black</b>                                                                                                                                                                                                                                                                                                                          |  | Sex: <b>Male</b>              | Height: <b>5' 5"</b>   | Weight: <b>170</b>                                                                                                                                                                                                | Eye Color: <b>BRO</b>                                                                                                                                                         |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |  |                               |                        | Hair Color: <b>BLK</b>                                                                                                                                                                                            | Email Address: _____                                                                                                                                                          |
|                                                                                                                                                                                                                              | Scars, Marks, Tattoos: _____                                                                                                                                                                                                                                                                                                                |  |                               |                        |                                                                                                                                                                                                                   | School Child Attends: _____                                                                                                                                                   |
|                                                                                                                                                                                                                              | Local Address (street, Apt. Number):<br><b>4345 32ND AVENUE VERO BEACH, FL 32967</b>                                                                                                                                                                                                                                                        |  |                               |                        | Phone: <b>(954)404-1144</b>                                                                                                                                                                                       | Veteran: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                     |
| <b>Co Def</b>                                                                                                                                                                                                                | Permanent Address or Parent's Name of Juvenile: _____    Phone: _____    Parent Contacted: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>                                                                                                                                      |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Driver's License Number / State: <b>C246935002000 / FL</b>                                                                                                                                                                                                                                                                                  |  | Social Security Number: _____ | DOB: <b>07/07/2001</b> | Place Of Birth: <b>FL - FLORIDA</b>                                                                                                                                                                               | Citizen: <b>Y</b>                                                                                                                                                             |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |  |                               |                        | Occupation: <b>Unemployed</b>                                                                                                                                                                                     |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                             |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Co-Defendant Name (Last, First, Middle): _____                                                                                                                                                                                                                                                                                              |  | Race: _____                   | Sex: _____             | Date of Birth or Age: _____                                                                                                                                                                                       | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |
| <b>CHARGE</b>                                                                                                                                                                                                                | Charge Description: <b>CRIMINAL MISCHIEF OF OVER 200 DOLS UNDER 1000 DOLS</b>                                                                                                                                                                                                                                                               |  |                               |                        | Counts: <b>1</b>                                                                                                                                                                                                  | <input checked="" type="checkbox"/> F.S.    Statute/Ordinance #<br><input type="checkbox"/> Ord. <b>806.13.1b2[2755]</b>                                                      |
|                                                                                                                                                                                                                              | Citation #: _____                                                                                                                                                                                                                                                                                                                           |  |                               |                        | Bond Amount: <b>500</b>                                                                                                                                                                                           | Court Case #: _____                                                                                                                                                           |
|                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | <b>ADDITIONAL CHARGES</b>                                                                                                                                                                                                                                                                                                                   |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Charge Description: _____                                                                                                                                                                                                                                                                                                                   |  |                               |                        | Counts: _____                                                                                                                                                                                                     | <input type="checkbox"/> F.S.    Statute/Ordinance #<br><input type="checkbox"/> Ord.    _____                                                                                |
| <b>JCC NOT OFFERED</b>                                                                                                                                                                                                       | Citation #: _____                                                                                                                                                                                                                                                                                                                           |  |                               |                        | Bond Amount: _____                                                                                                                                                                                                | Court Case #: _____                                                                                                                                                           |
|                                                                                                                                                                                                                              | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                       |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Reasoning: _____                                                                                                                                                                                                                                                                                                                            |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Comments: _____                                                                                                                                                                                                                                                                                                                             |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Adults Only: <input type="checkbox"/> Held for First Appearance Do Not Bond Out. Reason: _____                                                                                                                                                                                                                                              |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                        | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                                        |  |                               |                        | Sworn to and subscribed before me, the undersigned                                                                                                                                                                |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Officer's / Complainant's Signature:                                                                                                                                                                                                                                                                                                        |  |                               |                        | Authority this <b>25th</b> day of <b>Sept</b> , 20 <b>26</b>                                                                                                                                                      |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | ID. No. / Dist.: <b>6267</b>                                                                                                                                                                                                                                                                                                                |  |                               |                        | Signature:                                                                                                                                                                                                        |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Name (Printed): <b>Yerian, Jaden A819</b>                                                                                                                                                                                                                                                                                                   |  |                               |                        | Print or Type Name: <b>J. Cuevas</b>                                                                                                                                                                              |                                                                                                                                                                               |
|                                                                                                                                                                                                                              | Notary / Law Enforcement Officer in Performance of Official Duties: <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced                                                                                                                                                                               |  |                               |                        | Receiving Deputy (Print): <b>J. Cuevas</b><br>Received Date / Time: <b>9/25/26 0125</b><br>Receiving Deputy (Signature):<br>Employee ID #: <b>6090</b>                                                            |                                                                                                                                                                               |
| Marsy's Law Information: Victim's Name: <b>INDIAN RIVER COUNTY JAIL</b><br>Marsy's Law rights have been provided to the victim <u>  <b>N</b>  </u> Victim would like to have their information protected <u>  <b>N</b>  </u> |                                                                                                                                                                                                                                                                                                                                             |  |                               |                        |                                                                                                                                                                                                                   |                                                                                                                                                                               |



**INDIAN RIVER COUNTY SHERIFF'S OFFICE****ARREST AFFIDAVIT**4055 41st Ave  
Vero Beach, Florida 32960**Arrest Affidavit Report**Case Report # **2026-00102996****NARRATIVE**

On Friday, 09/23/2026, at approximately 0047, I was dispatched to the Indian River County Jail, 4055 41<sup>st</sup> Avenue, Vero Beach, Florida 32960, in reference to a criminal mischief investigation.

Upon arrival I made contact with Lieutenant Vecchione who advised me that Lawrence Emmanuel Cobbs III, an inmate at the County Jail, had intentionally damaged his jail cell. Cobbs was placed on lockdown status in the jail due to rule violations within the facility, subsequently he started messing with items in the cell. Once those items were removed from the cell, Cobbs then started chipping the wall, damaging the paint inside of the cell. Lieutenant Vecchione estimated the damage to be just over \$200.00 in order to repair the cell.

Lieutenant Vecchione was able to show me the security camera footage of the incident. At approximately 2320 I observed Cobbs on camera to start chipping away the wall, removing paint. Shortly after removing the paint and continuing to damage the wall, Cobbs took the paint that he collected and used it to cover the security cameras that were watching the cell.

The camera footage showing this incident was uploaded to Axon Capture.

Based on the totality of the circumstances in this investigation, Cobbs willfully and maliciously damaged the wall with the intention to block security cameras and provoke correctional staff. Cobbs had already violated several rules in the jail and intentionally damaged the wall because he was being secluded for his rule violations.

During this investigation I determined that probable cause existed against Lawrence Emmanuel Cobbs III for a violation of the following Florida State Statutes:

- F.S.S. 806.13.1b2 – Criminal Mischief of \$200 under \$1000.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

**Yerian, Jaden A819**

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

LEO

AGENCY CASE #:

REPORT DATE:

TYPE:

26-3256



## PC/SWORN COMPLAINT

|                     |                                                                                                                                                                                                                                                                 |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------|----------------------------------|-------------------------------------|--|----------------------------|--|------------------------------|--|---------------------|-------------|-----------------|----------------------|--|------------|--|
| CASE INFORMATION    | CIRCUIT<br>19TH JUDICIAL CIRCUIT                                                                                                                                                                                                                                |  | REPORTING AGENCY<br>SEBASTIAN POLICE DEPARTMENT   |  |                                |                                  | REPORT DATE<br>09/24/2026           |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | REPORTING AGENCY ORI #<br>FL0310200                                                                                                                                                                                                                             |  | ARRESTING AGENCY ORI #<br>FL0310200               |  | SUBMITTING AGENCY ORI #        |                                  | BOOKING AGENCY ORI #<br>FL0310000   |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | AGENCY CASE #<br>26-1636                                                                                                                                                                                                                                        |  | ARREST # OR COURT CASE #<br>FL0310200940999911636 |  | JUVENILE?<br>NO                |                                  | TYPE OF ARREST                      |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | OBTS #<br>3101163159                                                                                                                                                                                                                                            |  | EVIDENCE CONFISCATED                              |  |                                | EVIDENCE CONFISCATED DESCRIPTION |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | <input type="checkbox"/> 1. FELONY <input type="checkbox"/> 2. TRAFFIC FELONY <input checked="" type="checkbox"/> 3. MISDEMEANOR <input type="checkbox"/> 4. TRAFFIC MISDEMEANOR <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER/CAPIAS |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | ARREST                                                                                                                                                                                                                                                          |  | BOOKING                                           |  |                                | JAIL                             |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | DATE<br>09/24/2026                                                                                                                                                                                                                                              |  | TIME                                              |  | DATE                           |                                  | TIME                                |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | AT BUSINESS?                                                                                                                                                                                                                                                    |  | COMPANY NAME                                      |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | STREET #                                                                                                                                                                                                                                                        |  | PRE DIRECTION                                     |  | STREET NAME                    |                                  | POST DIRECTION                      |  | STREET CATEGORY CODE       |  | APT/UNIT #                   |  |                     |             |                 |                      |  |            |  |
|                     | CITY                                                                                                                                                                                                                                                            |  | STATE                                             |  | ZIP                            |                                  | LATITUDE                            |  | LONGITUDE                  |  |                              |  |                     |             |                 |                      |  |            |  |
| LOCATION OF ARREST  | AT BUSINESS?                                                                                                                                                                                                                                                    |  | COMPANY NAME                                      |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | NO                                                                                                                                                                                                                                                              |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
| LOCATION OF OFFENSE | STREET #                                                                                                                                                                                                                                                        |  | PRE DIRECTION                                     |  | STREET NAME                    |                                  | POST DIRECTION                      |  | STREET CATEGORY CODE       |  | APT/UNIT #                   |  |                     |             |                 |                      |  |            |  |
|                     |                                                                                                                                                                                                                                                                 |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
| ARRESTEE            | 1                                                                                                                                                                                                                                                               |  | NO                                                |  |                                |                                  |                                     |  |                            |  | NO                           |  |                     |             |                 |                      |  |            |  |
|                     | BUSINESS/GOVERNMENT NAME                                                                                                                                                                                                                                        |  |                                                   |  | VICTIM TO SUBJECT RELATIONSHIP |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | FIRST NAME<br>ANDREW                                                                                                                                                                                                                                            |  | MIDDLE NAME<br>PIERRE                             |  | LAST NAME<br>MCCLAIN           |                                  | SUFFIX                              |  | DATE OF BIRTH<br>6/18/1979 |  | AGE<br>47                    |  |                     |             |                 |                      |  |            |  |
|                     | GENDER<br>M                                                                                                                                                                                                                                                     |  | HEIGHT<br>6'00"                                   |  | RACE<br>W                      |                                  | ETHNICITY<br>NOT HISPANIC OR LATINO |  | ALIAS / MAIDEN             |  | ALT NAME DESC.<br>NA         |  | COMPLEXION<br>FAIR  |             |                 |                      |  |            |  |
|                     | BUILD<br>AVERAGE                                                                                                                                                                                                                                                |  | WEIGHT<br>150 LBS                                 |  | EYE COLOR<br>BLK               |                                  | HAIR COLOR<br>BLK                   |  | PHYSICAL FEATURE           |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | SCARS/MARKS/TATOOS (LOCATION / DESCRIBE)                                                                                                                                                                                                                        |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | DUI INDICATOR<br>NONE                                                                                                                                                                                                                                           |  | SPEAKS ENGLISH?<br>YES                            |  | THREAT?<br>NO                  |                                  | PROBATION?<br>NO                    |  | GANG AFF?<br>NO            |  | SEX OFFENDER?<br>NO          |  | MENTAL HEALTH<br>NO |             | HOMELESS?<br>NO |                      |  |            |  |
|                     | IDENTIFICATION                                                                                                                                                                                                                                                  |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
|                     | DRIVER LICENSE #<br>M245015792180                                                                                                                                                                                                                               |  |                                                   |  | DL STATE<br>FL                 |                                  | DL CLASS<br>E                       |  | PLACE OF BIRTH<br>US       |  | COUNTRY OF CITIZENSHIP<br>US |  |                     |             |                 |                      |  |            |  |
|                     | SOC SEC #                                                                                                                                                                                                                                                       |  | INS #                                             |  | FBI #                          |                                  | FCIC/NCIC #                         |  | BOOKING #                  |  | SPN #                        |  | DOC #               |             | OTHER ID #      |                      |  |            |  |
| PERMANENT ADDRESS   |                                                                                                                                                                                                                                                                 |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |
| STREET #            |                                                                                                                                                                                                                                                                 |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     | STREET NAME |                 | STREET CATEGORY CODE |  | APT/UNIT # |  |
| RESIDENT            |                                                                                                                                                                                                                                                                 |  |                                                   |  |                                |                                  |                                     |  |                            |  |                              |  |                     |             |                 |                      |  |            |  |



|                    |                                              |                   |                    |                    |                         |                   |           |
|--------------------|----------------------------------------------|-------------------|--------------------|--------------------|-------------------------|-------------------|-----------|
| CHARGE INFORMATION | CHARGE #                                     | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE   | INCIDENT START DATE     | INCIDENT END DATE |           |
|                    | 1                                            | 2                 | 09/24/2026         | 09/24/2026         | 09/23/2026              | 09/23/2026        |           |
|                    | JUVENILE REFERRAL                            |                   |                    |                    |                         |                   |           |
|                    | CHARGE TYPE                                  | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE      | STATUTE CATEGORY        |                   |           |
|                    | FSS                                          | MISDEMEANOR       |                    | 741.31(4A)         | CONTEMPT OF COURT       |                   |           |
| VICTIM PERSON      | STATUTE DESCRIPTION                          |                   |                    | COUNTS             | INCREASED PENALTY       | DOMESTIC VIOLENCE |           |
|                    | VIOL INJUNCTION PROTECTION DOMESTIC VIOLENCE |                   |                    | 1                  |                         | YES               |           |
|                    | DRUG ACTIVITY                                | DRUG TYPE         | DRUG AMOUNT        | BAIL BOND TYPE     | BOND DATE               | BOND AMOUNT       | WARRANT # |
|                    |                                              |                   |                    |                    |                         |                   |           |
| MARSY'S LAW        | PERSON #                                     | COARRESTEE STATUS | JUVENILE?          | PARENTS CONTACTED? | RELATIONSHIP TO SUBJECT | NTA ?             |           |
|                    |                                              |                   |                    |                    |                         |                   |           |

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

On **09/24/2026**, at **07:52** (Specifically include facts constituting cause for arrest.)

On September 23rd at approximately 1143 hours, I responded to [REDACTED] reference to a possible violation of injunction.

[REDACTED] the victim of a previous case which happened on September 22nd 2026, reference Case 26-1634 which resulted in a domestic violence arrest. [REDACTED] received three calls from approximately 1030 to 1130 from the Indian River County Jail, the first two she did not answer, however, she answered the third phone call. [REDACTED] Norma Petersen, was present for the third call to which she signed a sworn witness statement. When [REDACTED] answered the phone, the caller said "it's me" and began speaking to [REDACTED]. Both [REDACTED] and Norma could positively identify that the voice heard was Andrew McClain, the defendant, from the previous case. Andrew was issued an Injunction that morning at his first appearance with stipulations of no direct or indirect contact to the victim at any time.

Therefore, I find Probable Cause for FSS:741.31(4)(a)5 Telephoning, contacting, or otherwise communicating with the petitioner directly or indirectly, unless the injunction specifically allows indirect contact through a third party.

PROBABLE CAUSE STATEMENT

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

On \_\_\_\_\_, at \_\_\_\_\_ (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT



PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:  
 On \_\_\_\_\_, at \_\_\_\_\_ (Specifically include facts constituting cause for arrest.)

ENFORCEMENT  
OFFICIAL

|                                                                                                           |                            |         |                                |                                       |
|-----------------------------------------------------------------------------------------------------------|----------------------------|---------|--------------------------------|---------------------------------------|
| FIRST NAME<br><b>M</b>                                                                                    | LAST NAME<br><b>ACOSTA</b> | BADGE # | RANK<br><b>OFFICER</b>         | SIGNATURE METHOD<br><b>ELECTRONIC</b> |
| I SWEAR/AFFIRM THE ABOVE ATTACHED STATEMENTS ARE TRUE AND CORRECT ON<br><b>09/24/2026</b> at <b>06:29</b> |                            |         | OFFICER SIGNATURE<br><i>MA</i> |                                       |

AFFIRMING  
OFFICIAL

|                                                                                                |                        |                                        |                                |                                                    |
|------------------------------------------------------------------------------------------------|------------------------|----------------------------------------|--------------------------------|----------------------------------------------------|
| AFFIRMING OFFICIAL NAME<br><i>Grandy</i>                                                       | BADGE #<br><i>5862</i> | AFFIRMING AGENCY ORI #<br><i>IRCSO</i> | SIGNATURE METHOD<br><i>FVR</i> | AFFIRMING OFFICIAL SIGNATURE<br><i>[Signature]</i> |
| SUBSCRIBED AND AFFIRMED TO BEFORE ME ON _____ AT _____ BY _____                                |                        |                                        |                                |                                                    |
| WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION. ____LEO/CO (FSS 117.10) |                        |                                        |                                |                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|
| <b>P.C. Exists for Charge(s):</b> <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                    |                              |                           |
| <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                           |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | _____                     |
| Judge's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | Date                      |
| 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 SHALL BE ISSUED. SIGNING THIS NOTICE TO APPEAR IS NOT AN ADMISSION OF GUILT. YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE INFORMATION LISTED HEREON. |                              |                           |
| DEFENDANT THUMB PRINT                                                                                                                                                                                                                                                                                                                                                                                                                             | DEFENDANT/JUVENILE SIGNATURE | PARENT/GUARDIAN SIGNATURE |

|                            |                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| ADMINISTRATIVE             |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br>ARREST AFFIDAVIT<br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                |                                                                                                                                                                       | Case Report # <b>2026-00102506</b> Booking # <b>26-3276</b>                                                                                                     |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit                                                                                                                                                                       |                                                                                                                                                                       | <input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit                                                          |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Charge Type, check <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br>as many as apply <input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other |                                                                                                                                                                       | Court Case # _____ OBTS # <b>3101163143</b>                                                                                                                     |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Location of Arrest<br><b>2700 43RD STREET<br/>VERO BEACH, FL 32967</b>                                                                                                                                                                                                        |                                                                                                                                                                       | Location of Offense<br><b>2700 43RD STREET<br/>VERO BEACH FL 32967</b>                                                                                          |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
| Defendant Adult / Juvenile | Date of Arrest<br><b>09/24/2026</b>                                                                                                                                                                                                                                           | Time of Arrest<br><b>01:01</b>                                                                                                                                        | Date of Offense<br><b>09/24/2026</b>                                                                                                                            | Fingerprinted<br><input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal | Fingerprinted By<br><b>CAZARES</b>                                                                                                                                                                   |                                                                                                                                                                               |               |
|                            | Name<br><b>Adult - Hobgood, Tina Marie</b>                                                                                                                                                                                                                                    |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               | Alias                                                                                                                                                                                                |                                                                                                                                                                               |               |
|                            | Race<br><b>White</b>                                                                                                                                                                                                                                                          | Sex<br><b>Fema</b>                                                                                                                                                    | Height<br><b>5' 1"</b>                                                                                                                                          | Weight<br><b>100</b>                                                                                                          | Eye Color<br><b>HAZ</b>                                                                                                                                                                              | Hair Color<br><b>BLN</b>                                                                                                                                                      | Email Address |
|                            | Scars, Marks, Tattoos                                                                                                                                                                                                                                                         |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               | School Child Attends                                                                                                                                                                                 |                                                                                                                                                                               |               |
| Co Def                     | Local Address (street, Apt. Number)<br><b>1816 28TH AVENUE VERO BEACH, FL 32960</b>                                                                                                                                                                                           |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               | Phone<br><b>(772)778-1327</b>                                                                                                                                                                        | Veteran<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                              |               |
|                            | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               | Phone                                                                                                                                                                                                | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>                                                                        |               |
|                            | Driver's License Number / State<br><b>H123813857221 / FL</b>                                                                                                                                                                                                                  | Social Security Number<br>[REDACTED]                                                                                                                                  | DOB<br><b>06/22/1985</b>                                                                                                                                        | Place Of Birth<br><b>FL - FLORIDA</b>                                                                                         | Citizen<br><b>Y</b>                                                                                                                                                                                  | Occupation<br><b>Unemployed</b>                                                                                                                                               |               |
|                            | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                               |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
| CHARGE                     | Charge Description<br><b>POSS OF DRUG PARAPHERNALIA /AND OR USE</b>                                                                                                                                                                                                           |                                                                                                                                                                       | Counts<br><b>1</b>                                                                                                                                              | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                        | Statute/Ordinance #<br><b>893.147.1[3768]</b>                                                                                                                                                        |                                                                                                                                                                               |               |
|                            | Citation #                                                                                                                                                                                                                                                                    |                                                                                                                                                                       | Bond Amount<br><b>500</b>                                                                                                                                       | Court Case #                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                   |                                                                                                                                                                       | <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                       |                                                                                                                                                                       | Race                                                                                                                                                            | Sex                                                                                                                           | Date of Birth or Age                                                                                                                                                                                 | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |               |
| CHARGE                     | Charge Description<br><b>DWLSR REVOCATION EQUIV STATUS 2ND SUBS OFF</b>                                                                                                                                                                                                       |                                                                                                                                                                       | Counts<br><b>1</b>                                                                                                                                              | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                        | Statute/Ordinance #<br><b>322.34.2b[9094]</b>                                                                                                                                                        |                                                                                                                                                                               |               |
|                            | Citation #                                                                                                                                                                                                                                                                    |                                                                                                                                                                       | Bond Amount<br><b>150</b>                                                                                                                                       | Court Case #                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                   |                                                                                                                                                                       | <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                       |                                                                                                                                                                       | Race                                                                                                                                                            | Sex                                                                                                                           | Date of Birth or Age                                                                                                                                                                                 | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |               |
| JCC NOT OFFERED            | Reasoning                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Comments                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                       |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            |                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
| ADMINISTRATIVE             | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                          |                                                                                                                                                                       | Sworn to and subscribed before me, the undersigned                                                                                                              |                                                                                                                               | BOOKING USE ONLY<br>Receiving Deputy (Print)<br><b>MCAZARES</b><br>Received Date / Time<br><b>9.24.26 0821</b><br>Receiving Deputy (Signature)<br><b>[Signature]</b><br>Employee ID #<br><b>5932</b> |                                                                                                                                                                               |               |
|                            | Officer's / Complainant's Signature<br><b>[Signature]</b>                                                                                                                                                                                                                     |                                                                                                                                                                       | Authority this <b>24</b> day of <b>September</b> 20 <b>26</b>                                                                                                   |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | ID. No. / Dist.<br><b>6404</b>                                                                                                                                                                                                                                                |                                                                                                                                                                       | Signature<br><b>[Signature]</b><br>Print or Type Name<br><b>MCAZARES</b>                                                                                        |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
|                            | Name (Printed)<br><b>McPeck, Jesse A826</b>                                                                                                                                                                                                                                   |                                                                                                                                                                       | Notary / Law Enforcement Officer in Performance of Official Duties<br><input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |
| Marsy's Law Information    |                                                                                                                                                                                                                                                                               | Victim's Name: <b>STATE OF FLORIDA</b><br>Marsy's Law rights have been provided to the victim <b>N</b> Victim would like to have their information protected <b>N</b> |                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                      |                                                                                                                                                                               |               |





INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960



## Arrest Affidavit Report

Case Report # 2026-00102506

### NARRATIVE

On Thursday, September 24, 2026, at approximately 0100 hours, Deputy Yerian and I were foot patrolling in the area of the 4300 block of 27<sup>th</sup>, avenue, Vero Beach, FL, 32967 when I observed a red sedan stop in the middle of the roadway, after a few seconds, it jolted backwards almost hitting a trash can then jolted forward and back as it pulled into the driveway of 4315 27<sup>th</sup> avenue.

We watched the vehicle for a second and heard individuals talking loudly in the vehicle. As we approached the vehicle I observed in the back seat an open bottle of liquor in the back seat. The passengers were startled and they started making furtive movements in the vehicle. The driver Tina Hobgood was asked to exit the vehicle, when she did a burnt glass smoking device commonly referred to as a stem was observed on the driver's seat where she was sitting, that from my training and experience is used for smoking controlled substances.

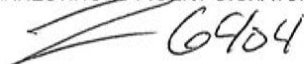
Tina's License has been suspended since July 29<sup>th</sup>, 2002, with two prior driving while license suspended, Reference court case numbers: 2014CT014761A, and 2010CT004679A

Based on the above Tina Hobgood did drive a motor vehicle upon a highway of the State of Florida, while his/her driver's license was canceled, suspended or revoked and Tina Hobgood knew of such cancellation, suspension or revocation, Tina Hobgood having previously been convicted of driving while license canceled, suspended or revoked on June 23<sup>rd</sup>, 2010 and October 9<sup>th</sup>, 2014. Both in Indian River County, Florida and Tina Hobgood knew of such cancellation, suspension or revocation, contrary to Florida Statute 322.34(2)(b). (1 DEG MISD)

Tina Hobgood did use or possess with intent to use a glass pipe, drug paraphernalia, for injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance, contrary to Florida Statute 893.147(1)(b). (1 DEG MISD)

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

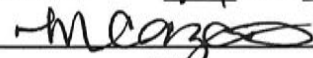


McPeek, Jesse A826

Sworn and Subscribed before me this

24 day of September

NOTARY/ ASA



My comission expires

LEO

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE

MARSY'S LAW  
APPLIES?

N

Civilian? Yes \_\_\_\_\_ No \_\_\_\_\_  
Law Enforcement Officer? Yes \_\_\_\_\_ No \_\_\_\_\_



26-3278

AGENCY CASE #:

REPORT DATE:

TYPE:

# ARREST AFFIDAVIT

3101163145

CASE INFORMATION

|                                                                                                                                                                                                                                                                            |                                                            |                                                         |                                             |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|----------------------------------|
| CIRCUIT<br><b>19TH JUDICIAL CIRCUIT</b>                                                                                                                                                                                                                                    |                                                            | REPORTING AGENCY<br><b>VERO BEACH POLICE DEPARTMENT</b> |                                             | REPORT DATE<br><b>09/24/2026</b> |
| REPORTING AGENCY ORI #<br><b>FL0310300</b>                                                                                                                                                                                                                                 | ARRESTING AGENCY ORI #<br><b>FL0310300</b>                 | SUBMITTING AGENCY ORI #<br><b>FL0310300</b>             | BOOKING AGENCY ORI #<br><b>FL0310300</b>    |                                  |
| AGENCY CASE #<br><b>26-008466</b>                                                                                                                                                                                                                                          | ARREST # OR COURT CASE #<br><b>FL031030079999252008466</b> | JUVENILE?<br><b>NO</b>                                  | TYPE OF ARREST<br><b>TAKEN INTO CUSTODY</b> |                                  |
| OBTS #                                                                                                                                                                                                                                                                     | EVIDENCE CONFISCATED                                       | EVIDENCE CONFISCATED DESCRIPTION                        |                                             |                                  |
| <input checked="" type="checkbox"/> 1. FELONY <input type="checkbox"/> 2. TRAFFIC FELONY <input checked="" type="checkbox"/> 3. MISDEMEANOR <input type="checkbox"/> 4. TRAFFIC MISDEMEANOR <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER/CAPIAS |                                                            |                                                         |                                             |                                  |

LOCATION OF ARREST

|                            |                         |                                           |                         |                                      |                         |
|----------------------------|-------------------------|-------------------------------------------|-------------------------|--------------------------------------|-------------------------|
| ARREST                     |                         | BOOKING                                   |                         | JAIL                                 |                         |
| DATE<br><b>09/24/2026</b>  | TIME<br><b>03:53 AM</b> | DATE<br><b>09/24/2026</b>                 | TIME<br><b>04:50 AM</b> | DATE<br><b>09/24/2026</b>            | TIME<br><b>04:30 AM</b> |
| AT BUSINESS?<br><b>YES</b> |                         | COMPANY NAME<br><b>PIPER AIRCRAFT INC</b> |                         |                                      |                         |
| STREET #<br><b>2926</b>    | PRE DIRECTION           | STREET NAME<br><b>PIPER DRIVE</b>         | POST DIRECTION          | STREET CATEGORY CODE<br><b>DRIVE</b> | APT/UNIT #              |
| CITY<br><b>VERO BEACH</b>  | STATE<br><b>FL</b>      | ZIP<br><b>32960</b>                       | AT LATITUDE             | AND LONGITUDE                        |                         |

LOCATION OF OFFENSE

|                            |                    |                                           |                |                                      |            |
|----------------------------|--------------------|-------------------------------------------|----------------|--------------------------------------|------------|
| AT BUSINESS?<br><b>YES</b> |                    | COMPANY NAME<br><b>PIPER AIRCRAFT INC</b> |                |                                      |            |
| STREET #<br><b>2926</b>    | PRE DIRECTION      | STREET NAME<br><b>PIPER DRIVE</b>         | POST DIRECTION | STREET CATEGORY CODE<br><b>DRIVE</b> | APT/UNIT # |
| CITY<br><b>VERNON</b>      | STATE<br><b>FL</b> | ZIP<br><b>32960</b>                       | AT LATITUDE    | AND LONGITUDE                        |            |

ARRESTEE

|                                          |                                    |                           |                                            |                                       |                             |
|------------------------------------------|------------------------------------|---------------------------|--------------------------------------------|---------------------------------------|-----------------------------|
| PERSON #<br><b>1</b>                     | COARRESTEE STATUS                  | JUVENILE?<br><b>NO</b>    | PARENTS CONTACTED?                         | RELATIONSHIP TO SUBJECT               | NTA ?<br><b>NO</b>          |
| BUSINESS/GOVERNMENT NAME                 |                                    |                           | VICTIM TO SUBJECT RELATIONSHIP             |                                       |                             |
| FIRST NAME<br><b>JAYDEN</b>              | MIDDLE NAME<br><b>DION</b>         | LAST NAME<br><b>PEART</b> | SUFFIX                                     | DATE OF BIRTH<br><b>6/9/2007</b>      | AGE<br><b>19</b>            |
| GENDER<br><b>M</b>                       | HEIGHT<br><b>6'03"</b>             | RACE<br><b>B</b>          | ETHNICITY<br><b>NOT HISPANIC OR LATINO</b> | ALIAS / MAIDEN                        | ALT NAME DESC.<br><b>NA</b> |
| BUILD<br><b>HEAVY</b>                    | WEIGHT<br><b>215 LBS</b>           | EYE COLOR<br><b>BRO</b>   | HAIR COLOR<br><b>BLK</b>                   | COMPLEXION<br><b>DARK</b>             |                             |
| SCARS/MARKS/TATOOS (LOCATION / DESCRIBE) |                                    |                           |                                            |                                       |                             |
| DUI INDICATOR<br><b>UNKNOWN</b>          | SPEAKS ENGLISH?<br><b>YES</b>      | THREAT?<br><b>NO</b>      | PROBATION?<br><b>NO</b>                    | GANG AFF?<br><b>NO</b>                | SEX OFFENDER?<br><b>NO</b>  |
| MENTAL HEALTH<br><b>NO</b>               |                                    |                           |                                            |                                       |                             |
| HOMELESS?<br><b>NO</b>                   |                                    |                           |                                            |                                       |                             |
| <b>IDENTIFICATION</b>                    |                                    |                           |                                            |                                       |                             |
| DRIVER LICENSE #<br><b>P630424072090</b> | DL STATE<br><b>FL</b>              | DL CLASS<br><b>E</b>      | PLACE OF BIRTH<br><b>XX</b>                | COUNTRY OF CITIZENSHIP<br><b>US</b>   |                             |
| SOC SEC #                                | INS #                              | FBI #                     | FCIC/NCIC #                                | BOOKING #                             | SPN #                       |
| DOC #                                    |                                    |                           |                                            |                                       |                             |
| OTHER ID #                               |                                    |                           |                                            |                                       |                             |
| <b>PERMANENT ADDRESS</b>                 |                                    |                           |                                            |                                       |                             |
| STREET #<br><b>1910</b>                  | STREET NAME<br><b>WOODLAND CIR</b> |                           |                                            | STREET CATEGORY CODE<br><b>CIRCLE</b> | APT/UNIT #<br><b>106</b>    |
| CITY<br><b>VERO BEACH</b>                | STATE<br><b>FL</b>                 | ZIP CODE<br><b>32967</b>  | ADDRESS SOURCE<br><b>FROM DEFENDANT</b>    |                                       |                             |
| PERSON RESIDENCE CODE<br><b>RESIDENT</b> |                                    |                           | PHONE #<br><b>(772) 713-3582</b>           | E-MAIL<br><b>UNKNOWN</b>              |                             |



|                                         |                                          |                   |                    |                                |                         |                   |               |           |
|-----------------------------------------|------------------------------------------|-------------------|--------------------|--------------------------------|-------------------------|-------------------|---------------|-----------|
| CHARGE INFORMATION                      | CHARGE #                                 | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE               | INCIDENT START DATE     | INCIDENT END DATE |               |           |
|                                         | 1                                        | 2                 | 09/24/2026         | 09/24/2026                     | 09/24/2026              | 09/24/2026        |               |           |
|                                         | JUVENILE REFERRAL                        |                   |                    |                                |                         |                   |               |           |
|                                         | CHARGE TYPE                              | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE                  | STATUTE CATEGORY        |                   |               |           |
| FSS                                     | MISDEMEANOR                              |                   | 810.08(2B)         | TRESPASSING                    |                         |                   |               |           |
| STATUTE DESCRIPTION                     |                                          |                   | COUNTS             | INCREASED PENALTY              | DOMESTIC VIOLENCE       |                   |               |           |
| OCCUPIED STRUCTURE OR CONVEYANCE        |                                          |                   | 1                  |                                | NO                      |                   |               |           |
| DRUG ACTIVITY                           | DRUG TYPE                                | DRUG AMOUNT       | BAIL BOND TYPE     | BOND DATE                      | BOND AMOUNT             | WARRANT #         |               |           |
| N/A                                     |                                          |                   | CASH               | 09/24/2026                     | \$500.00                |                   |               |           |
| CHARGE INFORMATION                      | CHARGE #                                 | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE               | INCIDENT START DATE     | INCIDENT END DATE |               |           |
|                                         | 2                                        | 2                 | 09/24/2026         | 09/24/2026                     | 09/24/2026              | 09/24/2026        |               |           |
|                                         | JUVENILE REFERRAL                        |                   |                    |                                |                         |                   |               |           |
|                                         | CHARGE TYPE                              | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE                  | STATUTE CATEGORY        |                   |               |           |
| FSS                                     | MISDEMEANOR                              |                   | 856.021            | LOITERING                      |                         |                   |               |           |
| STATUTE DESCRIPTION                     |                                          |                   | COUNTS             | INCREASED PENALTY              | DOMESTIC VIOLENCE       |                   |               |           |
| LOITER/PROWL IN UNUSUAL PLACE OR MANNER |                                          |                   | 1                  |                                | NO                      |                   |               |           |
| DRUG ACTIVITY                           | DRUG TYPE                                | DRUG AMOUNT       | BAIL BOND TYPE     | BOND DATE                      | BOND AMOUNT             | WARRANT #         |               |           |
| N/A                                     |                                          |                   | CASH               | 09/24/2026                     | \$150.00                |                   |               |           |
| CHARGE INFORMATION                      | CHARGE #                                 | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE               | INCIDENT START DATE     | INCIDENT END DATE |               |           |
|                                         | 3                                        | 3                 | 09/24/2026         | 09/24/2026                     | 09/24/2026              | 09/24/2026        |               |           |
|                                         | JUVENILE REFERRAL                        |                   |                    |                                |                         |                   |               |           |
|                                         | CHARGE TYPE                              | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE                  | STATUTE CATEGORY        |                   |               |           |
| FSS                                     | FELONY                                   |                   | 810.09(2I1)        | TRESPASSING                    |                         |                   |               |           |
| STATUTE DESCRIPTION                     |                                          |                   | COUNTS             | INCREASED PENALTY              | DOMESTIC VIOLENCE       |                   |               |           |
| TRESPASS OPERATIONAL AREA OF AIRPORT    |                                          |                   | 1                  |                                | NO                      |                   |               |           |
| DRUG ACTIVITY                           | DRUG TYPE                                | DRUG AMOUNT       | BAIL BOND TYPE     | BOND DATE                      | BOND AMOUNT             | WARRANT #         |               |           |
| N/A                                     |                                          |                   | NO BOND            | 09/24/2026                     | \$0.00                  |                   |               |           |
| VICTIM BUSINESS                         | PERSON #                                 | COARRESTEE STATUS | JUVENILE?          | PARENTS CONTACTED?             | RELATIONSHIP TO SUBJECT |                   | NTA ?         |           |
|                                         | 2                                        |                   |                    |                                |                         |                   |               |           |
|                                         | BUSINESS/GOVERNMENT NAME                 |                   |                    | VICTIM TO SUBJECT RELATIONSHIP |                         |                   |               |           |
|                                         | PIPER AIRCRAFT INC                       |                   |                    |                                |                         |                   |               |           |
|                                         | FIRST NAME                               |                   | MIDDLE NAME        | LAST NAME                      |                         | SUFFIX            | DATE OF BIRTH | AGE       |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
|                                         | GENDER                                   | HEIGHT            | RACE               | ETHNICITY                      | ALIAS / MAIDEN          | ALT NAME DESC.    | COMPLEXION    |           |
|                                         |                                          |                   |                    |                                |                         | NA                |               |           |
|                                         | BUILD                                    | WEIGHT            | EYE COLOR          | HAIR COLOR                     | PHYSICAL FEATURE        |                   |               |           |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
|                                         | SCARS/MARKS/TATOOS (LOCATION / DESCRIBE) |                   |                    |                                |                         |                   |               |           |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
|                                         | DUI INDICATOR                            | SPEAKS ENGLISH?   | THREAT?            | PROBATION?                     | GANG AFF?               | SEX OFFENDER?     | MENTAL HEALTH | HOMELESS? |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
| IDENTIFICATION                          |                                          |                   |                    |                                |                         |                   |               |           |
| DRIVER LICENSE #                        |                                          | DL STATE          | DL CLASS           | PLACE OF BIRTH                 | COUNTRY OF CITIZENSHIP  |                   |               |           |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
| SOC. SEC. #                             | INS #                                    | FBI #             | FCIC/NCIC #        | BOOKING #                      | SPN #                   | DOC #             | OTHER ID #    |           |
|                                         |                                          |                   |                    |                                |                         |                   |               |           |
| PERMANENT ADDRESS                       |                                          |                   |                    |                                |                         |                   |               |           |
| STREET #                                |                                          | STREET NAME       |                    |                                | STREET CATEGORY CODE    |                   | APT/UNIT #    |           |
| 2926                                    |                                          | PIPER DRIVE       |                    |                                | DRIVE                   |                   |               |           |
| CITY                                    |                                          |                   | STATE              | ZIP CODE                       | ADDRESS SOURCE          |                   |               |           |
| VERO BEACH                              |                                          |                   | FL                 | 32960                          |                         |                   |               |           |
| PERSON RESIDENCE CODE                   |                                          |                   | PHONE #            | E-MAIL                         |                         |                   |               |           |
|                                         |                                          |                   | (772) 567-4361     | UNKNOWN                        |                         |                   |               |           |



**VICTIM INFO?** Did the victim or the victim's family, request that their personal information remain confidential pursuant to Article 1 section 16 of the Florida Constitution?

NO

**MARSY'S LAW?** Was the victim notified of the right to be informed, to be present, and to be heard when relevant, at all crucial stages of criminal proceedings, to the extent that these rights do not interfere with the constitutional rights of the accused?

NO

**VICTIM ARREST NOTIFICATION?** Does the victim wish to be notified if an arrest has been made?

**VICTIM RELEASE NOTIFICATION?** Does the victim wish to be notified if the defendant is released?

VICTIM TO SUBJECT RELATIONSHIP

|                      |                   |           |                    |                         |       |
|----------------------|-------------------|-----------|--------------------|-------------------------|-------|
| PERSON #<br><b>3</b> | COARRESTEE STATUS | JUVENILE? | PARENTS CONTACTED? | RELATIONSHIP TO SUBJECT | NTA ? |
|----------------------|-------------------|-----------|--------------------|-------------------------|-------|

BUSINESS/GOVERNMENT NAME

**STATE OF FLORIDA**

VICTIM TO SUBJECT RELATIONSHIP

|            |             |           |        |               |     |
|------------|-------------|-----------|--------|---------------|-----|
| FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX | DATE OF BIRTH | AGE |
|------------|-------------|-----------|--------|---------------|-----|

|        |        |      |           |                |                             |            |
|--------|--------|------|-----------|----------------|-----------------------------|------------|
| GENDER | HEIGHT | RACE | ETHNICITY | ALIAS / MAIDEN | ALT NAME DESC.<br><b>NA</b> | COMPLEXION |
|--------|--------|------|-----------|----------------|-----------------------------|------------|

|       |        |           |            |                  |
|-------|--------|-----------|------------|------------------|
| BUILD | WEIGHT | EYE COLOR | HAIR COLOR | PHYSICAL FEATURE |
|-------|--------|-----------|------------|------------------|

SCARS/MARKS/TATOOS (LOCATION / DESCRIBE)

|               |                 |         |            |           |               |               |           |
|---------------|-----------------|---------|------------|-----------|---------------|---------------|-----------|
| DUI INDICATOR | SPEAKS ENGLISH? | THREAT? | PROBATION? | GANG AFF? | SEX OFFENDER? | MENTAL HEALTH | HOMELESS? |
|---------------|-----------------|---------|------------|-----------|---------------|---------------|-----------|

**IDENTIFICATION**

|                  |          |          |                |                        |
|------------------|----------|----------|----------------|------------------------|
| DRIVER LICENSE # | DL STATE | DL CLASS | PLACE OF BIRTH | COUNTRY OF CITIZENSHIP |
|------------------|----------|----------|----------------|------------------------|

|             |       |       |             |           |       |       |            |
|-------------|-------|-------|-------------|-----------|-------|-------|------------|
| SOC. SEC. # | INS # | FBI # | FCIC/NCIC # | BOOKING # | SPN # | DOC # | OTHER ID # |
|-------------|-------|-------|-------------|-----------|-------|-------|------------|

**PERMANENT ADDRESS**

|          |             |                                      |            |
|----------|-------------|--------------------------------------|------------|
| STREET # | STREET NAME | STREET CATEGORY CODE<br><b>ALLEY</b> | APT/UNIT # |
|----------|-------------|--------------------------------------|------------|

|      |       |          |                |
|------|-------|----------|----------------|
| CITY | STATE | ZIP CODE | ADDRESS SOURCE |
|------|-------|----------|----------------|

|                       |         |        |
|-----------------------|---------|--------|
| PERSON RESIDENCE CODE | PHONE # | E-MAIL |
|-----------------------|---------|--------|

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:  
 On **09/24/2026** , at **03:33** (Specifically include facts constituting cause for arrest.)

On 09/24/2026, at approximately 03:33 hours, VBPB officers responded to Piper Aircraft Inc (2926 Piper Drive) in reference to a suspicious person that was located inside the facility. This individual was not authorized to be inside of the facility and was suspected of trespassing.

Upon arrival, I met with a worker at the front entrance named Shawn Davis. Mr. Davis was standing outside with the suspect, and he explained to me that he called law enforcement after several employees reported that there was an unknown person inside the facility. Mr. Davis located the suspect and escorted him out of the building to wait for law enforcement. Mr. Davis stated that the suspect was cooperative, and he was unsure how the suspect gained access to the building in the first place. The Piper facility is heavily secured, with majority of the entrances requiring a badge to unlock the doors.

I then spoke to the defendant, who identified himself as Jayden D. Peart (B/M DOB: 06/09/2007). I asked Mr. Peart what was going on, and he told me that he ran here to the airport. Once on the property, Mr. Peart went to C.J. Cannons (3414 Cherokee Drive) where he claims he gained access to the restaurant through an unsecured door. From there, Mr. Peart then went next door to "Sun Jet" (3350 Cherokee Drive). Mr. Peart stated that he then climbed over the gate to access the tarmac where the planes are located. Mr. Peart told me that he did this because he intended to sleep near the access ramp by the "Breeze" airplanes. Mr. Peart then eventually walked on the tarmac towards the Piper facility. He later gained access to this facility, where he was subsequently located by several employees.

While speaking to Mr. Peart, I asked him if he noticed the large signs that labeled the tarmac area as a restricted part of the airport. This signage also explicitly warns bystanders that trespassing was prohibited. Mr. Peart acknowledged that he saw these signs but ignored them and still tried to gain access to the restricted side. Mr. Peart could not provide a reasonable explanation, and he mentioned that he just felt inclined to do so. Mr. Peart is not an employee of Piper, and he is not affiliated in any way to the airport. Mr. Peart is not a flight student, and he had no official business at the airport at the time of this incident. Mr. Peart told me that he came to the airport to get away from a homeless man that had "evil intentions". Mr. Peart stated that he came across this homeless male at 45th Street and US-1, where the homeless male gave Mr. Peart an evil look.

I was able to briefly speak to Mr. Duane Hoppe, who is the senior director of the Piper facility. Mr. Hoppe confirmed that he would like to press charges against Mr. Peart for trespassing inside the restricted facility. While speaking to Mr. Hoppe over the phone, he informed me that he was responding to the facility shortly to access surveillance and investigate the incident further. Mr. Hoppe was advised by some employees that there was possible damage to some of the aircraft at the facility, and the facility would be able to provide damage estimates later.

At this time, based on the facts above, I placed Mr. Peart under arrest for:

-Trespass in an occupied structure. Mr. Peart gained unauthorized entry into a secure facility (Piper Inc). At the time that he entered the facility, Mr. Peart also bypassed signs that warned and prohibited unauthorized entry into this area. This facility was occupied by several employees working, who were disrupted by Mr. Peart.

-Loitering and prowling. Mr. Peart loitered near several closed businesses at the airport, at a time and manner that was not usual for law-abiding citizens. Mr. Peart also caused a justifiable alarm for the safety of people and property in this area. While speaking to Mr. Peart, he failed to provide a reasonable explanation that would dispel any concern regarding his presence.

-Felony trespass (within a designated operational area of an airport). Mr. Peart intentionally ignored signage that warned against trespassing on operational airport property. Mr. Peart jumped over the secured fence to trespass on the airport property. Mr. Peart did this with the intention to access airplanes and to "sleep" near the ramps to the planes. In doing so, Mr. Peart impeded with the normal operation or use of an aircraft by obtaining unauthorized access to these unattended aircraft. It is also reported that some aircraft associated with Piper Inc have been damaged by Mr. Peart.

Once placed in custody, I transported Mr. Peart to the Indian River County Jail for booking and processing.

|                    |                                                                                                           |                             |                                            |                                                                                                   |                                                  |
|--------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|
| ENFORCING OFFICIAL | FIRST NAME<br><b>OFFICER</b>                                                                              | LAST NAME<br><b>WICKERT</b> | BADGE #<br><b>436</b>                      | RANK<br><b>OFFICER</b>                                                                            | SIGNATURE METHOD<br><b>ELECTRONIC</b>            |
|                    | I SWEAR/AFFIRM THE ABOVE ATTACHED STATEMENTS ARE TRUE AND CORRECT ON<br><b>09/24/2026</b> at <b>06:25</b> |                             |                                            | OFFICER SIGNATURE<br><i>P. Wickert</i>                                                            |                                                  |
| AFFIRMING OFFICIAL | AFFIRMING OFFICIAL NAME<br><i>J. Torres</i>                                                               | BADGE #<br><i>6211</i>      | AFFIRMING AGENCY ORI #<br><b>FL0310000</b> | SIGNATURE METHOD<br><b>INK</b>                                                                    | AFFIRMING OFFICIAL SIGNATURE<br><i>J. Torres</i> |
|                    | SUBSCRIBED AND AFFIRMED TO BEFORE ME ON <b>09/24/2026</b> AT <b>06:25</b> BY <i>J. Torres</i>             |                             |                                            | WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION. <b>LEO/CO (FSS 117.10)</b> |                                                  |

P.C. Exists for Charge(s):

☐ YES

☐ NO

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

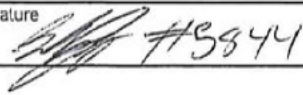
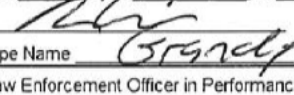
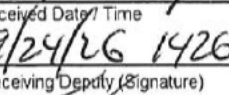
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. SIGNING THIS NOTICE TO APPEAR IS NOT AN ADMISSION OF GUILT. YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE INFORMATION LISTED HEREON.

DEFENDANT THUMB PRINT

DEFENDANT/JUVENILE SIGNATURE

PARENT/GUARDIAN SIGNATURE



|                            |                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| ADMINISTRATIVE             |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br>ARREST AFFIDAVIT<br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                   |                                | Case Report # <b>2026-00102671</b> Booking # <b>26-</b>                                                                                                               |                                                                                                                               |                                                                                                                                 |                                 |
|                            | <input checked="" type="checkbox"/> Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation                                                                                                                                                                         |                                | <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Complaint Affidavit                                                           |                                                                                                                               |                                                                                                                                 |                                 |
|                            | Charge Type, check as many as apply<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other |                                | Court Case # _____ OBTS # <b>3101163147</b>                                                                                                                           |                                                                                                                               |                                                                                                                                 |                                 |
|                            | Location of Arrest<br><b>MM159 I-95<br/>VERO BEACH, FL 32967-</b>                                                                                                                                                                                                                |                                | Location of Offense<br><b>MM159 I-95<br/>VERO BEACH FL 32967-</b>                                                                                                     |                                                                                                                               |                                                                                                                                 |                                 |
| Defendant Adult / Juvenile | Date of Arrest<br><b>09/24/2026</b>                                                                                                                                                                                                                                              | Time of Arrest<br><b>09:34</b> | Date of Offense<br><b>09/24/2026</b>                                                                                                                                  | Fingerprinted<br><input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal | Fingerprinted By<br><b>Torres</b>                                                                                               |                                 |
|                            | Name<br><b>Adult - GABBARD J, ROBERT MOORE</b>                                                                                                                                                                                                                                   |                                |                                                                                                                                                                       | Alias                                                                                                                         |                                                                                                                                 |                                 |
|                            | Race<br><b>White</b>                                                                                                                                                                                                                                                             | Sex<br><b>Male</b>             | Height<br><b>3' 5"</b>                                                                                                                                                | Weight<br><b>305</b>                                                                                                          | Eye Color                                                                                                                       | Hair Color                      |
|                            | Scars, Marks, Tattoos                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                       | School Child Attends                                                                                                          |                                                                                                                                 |                                 |
| Co Def                     | Local Address (street, Apt. Number)<br><b>5300 US 441 SE HWY OKEECHOBEE, FL 34974</b>                                                                                                                                                                                            |                                |                                                                                                                                                                       | Phone<br><b>(863)254-6633</b>                                                                                                 | Veteran<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                |                                 |
|                            | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                   |                                |                                                                                                                                                                       | Phone                                                                                                                         | Parent Contacted<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |                                 |
|                            | Driver's License Number / State<br><b>G351810810000 / FL</b>                                                                                                                                                                                                                     |                                | DOB<br><b>03/19/1982</b>                                                                                                                                              | Place Of Birth<br><b>FL - FLORIDA</b>                                                                                         | Citizen<br><b>Y</b>                                                                                                             | Occupation<br><b>Unemployed</b> |
|                            | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
| CHARGE                     | Charge Description<br><b>DESTROY/HARVEST PALMETTO BERRY W/O PERMISSION</b>                                                                                                                                                                                                       |                                | Counts<br><b>1</b>                                                                                                                                                    | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                                     | Statute/Ordinance #<br><b>581.189(6)(c)</b>                                                                                     |                                 |
|                            | Citation #                                                                                                                                                                                                                                                                       |                                | Bond Amount<br><b>NO BOND</b>                                                                                                                                         | Court Case #                                                                                                                  |                                                                                                                                 |                                 |
|                            | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                      |                                | <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|                            |                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
| CHARGE                     | Charge Description                                                                                                                                                                                                                                                               |                                | Counts                                                                                                                                                                | <input type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                                                | Statute/Ordinance #                                                                                                             |                                 |
|                            | Citation #                                                                                                                                                                                                                                                                       |                                | Bond Amount                                                                                                                                                           | Court Case #                                                                                                                  |                                                                                                                                 |                                 |
|                            | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                                 |                                | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                                                                                                  |                                                                                                                               |                                                                                                                                 |                                 |
|                            |                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
| JCC NOT OFFERED            | Reasoning                                                                                                                                                                                                                                                                        |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|                            | Comments                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|                            |                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|                            |                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
| ADMINISTRATIVE             | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                          |                                |                                                                                                                                                                       |                                                                                                                               |                                                                                                                                 |                                 |
|                            | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                             |                                | Sworn to and subscribed before me, the undersigned                                                                                                                    |                                                                                                                               | Receiving Deputy (Print)<br><b>Grandy</b>                                                                                       |                                 |
|                            | Officer's / Complainant's Signature<br> #5844                                                                                                                                                 |                                | Authority this <u>24</u> day of <u>Sept</u> , 20 <u>20</u>                                                                                                            |                                                                                                                               | Received Date/Time<br><b>9/24/26 1426</b>                                                                                       |                                 |
|                            | ID. No. / Dist.<br><b>5844</b>                                                                                                                                                                                                                                                   |                                | Signature<br><br>Print or Type Name <b>Grandy</b>                                 |                                                                                                                               | Receiving Deputy (Signature)<br>           |                                 |
|                            | Name (Printed)<br><b>Gage, Bobby AG2</b>                                                                                                                                                                                                                                         |                                | Notary / Law Enforcement Officer in Performance of Official Duties<br><input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced       |                                                                                                                               | Employee ID #<br><b>5862</b>                                                                                                    |                                 |
|                            | Marsy's Law Information                                                                                                                                                                                                                                                          |                                | Victim's Name: <b>STATE OF FLORIDA</b><br>Marsy's Law rights have been provided to the victim <u>N</u> Victim would like to have their information protected <u>N</u> |                                                                                                                               |                                                                                                                                 |                                 |





## INDIAN RIVER COUNTY SHERIFF'S OFFICE

## ARREST AFFIDAVIT

4055 41st Ave  
Vero Beach, Florida 32960

## Arrest Affidavit Report

Case Report # 2026-00102671

## NARRATIVE

On Thursday September 24th 2026, approximately 0930hrs, while in the area of MM 159 southbound I-95, Cpl. M. Baumann observed a red vehicle parked in the woods of the state owned median of I-95. Cpl. Baumann approached the vehicle and made contact with Jeffery Williams in the woods, who was holding a white bag and carrying a pair of plant pruners. Cpl. Baumann stated that Williams was in the process of cutting a stalk of berries from a saw palmetto tree when contact was made. It should be known that this area is known for illegal harvesting of the Florida saw palmetto berry. Cpl. Baumann advised me that when he made contact with Williams, he advised that they were harvesting berries. He stated that there were two other subjects with him. Williams was then detained.

Fellsmere PD Officer Dotson then walked due south of where Williams was located, and observed another subject in the wooded median. She made contact with him, who was later identified as Robert Gabbard. Gabbard was detained. Gabbard advised that the third subject should be harvesting berries just south of him.

I and other officers walked the wooded median area in search of the 3rd subject to no avail. The other two arrestees advised that the outstanding subjects name was Ray. IRC SO Deputy Ryan Matthews deployed his drone but after a short time with no luck had to land it due to technical issues. FHP K9 Trooper Bannister arrived on scene and stated that he could deploy his K9 partner due to the felony charge. As I left the area of woods that the subject was suspected of being in, I made multiple attempts of yelling that "Ray" needed to come out and give up before a K9 was brought into the area. IRC SO Deputy Ferrer and Trooper Bannister entered the wooded median with his K9 partner. They gave multiple clear loud verbal commands for Ray to come out of the woods. Eventually the K9 located an area of thick saw palmetto trees and began showing interest in it. Trooper Bannister stated that he gave multiple commands for Ray to come out of the thick vegetation and to put his hands up, to no avail. Eventually Ray was apprehended by Trooper Bannisters K9 partner. I assisted Deputy Ferrer and Trooper Bannister with placing hand restraints onto Ray. Ray advised me that he was sleeping and that's why he did not respond to the several verbal commands yelled at him. It should be known that the area Ray was apprehended consisted of several saw palmetto trees creating a canopy, but also an uneven ground surface. The limbs of a saw palmetto tree are lined with sharp "saw like" teeth, hence their name. Just walking through trails with these trees and brushing against them, will easily cut through human skin, as it did several of us today. It is highly unlikely that Ray was taking a nap in the middle of a cluster of these trees, especially with grassy shaded areas within feet of his location.

I read Gabbard Miranda from my agency issued card and he agreed to speak with me. Gabbard advised that he and the two others came to the area from Okeechobee before sunrise this morning and had been harvesting berries since. Gabbard advised me that he did not have permission to be on the property, nor did he have a harvesting permit from FDACS.

I read Williams Miranda from my agency issued card and he agreed to speak with me. Williams advised me that he and the others came to the area from Okeechobee early this morning to pick saw palmetto berries. Williams advised that he did not have a permit to harvest the berries, nor did he have permission to be on the property.

Howard was questioned by Deputy Zach Finnegan and post Miranda stated that he did not have permission to be on the property and he also did not have a harvesting permit from FDACS. He advised they arrived to the area in the early morning hours of today.

Throughout the woods where the 3 subjects were located were several large bags of freshly harvested saw palmetto berries, weighing approximately 350 pounds total.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2



Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

LEO

**INDIAN RIVER COUNTY SHERIFF'S OFFICE****ARREST AFFIDAVIT**4055 41st Ave  
Vero Beach, Florida 32960**Arrest Affidavit Report**

Case Report # 2026-00102671

**NARRATIVE (Continuation)**

Around and inside the vehicle, which Gabbard advised me was his sisters they used to get here this morning, was several pairs of plant pruners, empty bags similar to those with the berries inside nearby, and headlamps and flashlights.

Probable cause exists for all 3 subjects for FSS 581.189(6)(c), illegally harvesting saw palmetto berries.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE



|                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|--|-------------------------------------------------------|--|
| ADMINISTRATIVE                                        |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br>ARREST AFFIDAVIT<br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                   |                                                                                                                                                 |                         |                   | Case Report # 2026-00102671 Booking # 32-3280                                                          |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit                                                                                                                                                                          |                                                                                                                                                 |                         |                   | <input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Court Case #                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                         |                   | OBTS # 3101163/48                                                                                      |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Charge Type, check as many as apply<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other |                                                                                                                                                 |                         |                   | Victim <input type="checkbox"/> Domestic Violence Weapons / Seized                                     |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Location of Arrest<br>MM159 I-95<br>VERO BEACH, FL 32967-                                                                                                                                                                                                                        |                                                                                                                                                 |                         |                   | Location of Offense<br>MM159 I-95<br>VERO BEACH FL 32967-                                              |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Date of Arrest<br>09/24/2026                                                                                                                                                                                                                                                     |                                                                                                                                                 | Time of Arrest<br>09:34 |                   | Date of Offense<br>09/24/2026                                                                          |                                | Fingerprinted<br><input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |                                                                                                        | Fingerprinted By<br>Torres                  |                                                                  |  |                                                       |  |
|                                                       | Name<br>Adult - WILLIAMS, JEFFORY MARK                                                                                                                                                                                                                                           |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Race<br>White                                                                                                                                                                                                                                                                    |                                                                                                                                                 |                         |                   | Sex<br>Male                                                                                            |                                | Height                                                                                                                        |                                                                                                        | Weight                                      |                                                                  |  |                                                       |  |
|                                                       | Scars, Marks, Tattoos                                                                                                                                                                                                                                                            |                                                                                                                                                 |                         |                   | School Child Attends                                                                                   |                                |                                                                                                                               |                                                                                                        | Email Address                               |                                                                  |  |                                                       |  |
|                                                       | Defendant Adult / Juvenile                                                                                                                                                                                                                                                       | Local Address (street, Apt. Number)<br>16461 STATE ROAD 70 E OKEECHOBEE, FL 34974-                                                              |                         |                   |                                                                                                        | Phone                          |                                                                                                                               |                                                                                                        |                                             | Veteran<br><input type="checkbox"/> Y <input type="checkbox"/> N |  |                                                       |  |
| Permanent Address or Parent's Name of Juvenile        |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         | Phone             |                                                                                                        |                                |                                                                                                                               | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |                                             |                                                                  |  |                                                       |  |
| Driver's License Number / State<br>W462368170000 / FL |                                                                                                                                                                                                                                                                                  | Social Security Number<br>[REDACTED]                                                                                                            |                         | DOB<br>11/12/1966 |                                                                                                        | Place Of Birth<br>FL - FLORIDA |                                                                                                                               | Citizen<br>Y                                                                                           |                                             |                                                                  |  |                                                       |  |
| Occupation<br>Unemployed                              |                                                                                                                                                                                                                                                                                  | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies. |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
| Co-Defendant Name (Last, First, Middle)               |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         | Race              |                                                                                                        | Sex                            |                                                                                                                               | Date of Birth or Age                                                                                   |                                             |                                                                  |  |                                                       |  |
| Co-Defendant Name (Last, First, Middle)               |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         | Race              |                                                                                                        | Sex                            |                                                                                                                               | Date of Birth or Age                                                                                   |                                             |                                                                  |  |                                                       |  |
|                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
| CHARGE                                                | Charge Description<br>DESTROY/HARVEST PALMETTO BERRY W/O PERMISSION                                                                                                                                                                                                              |                                                                                                                                                 |                         |                   | Counts<br>1                                                                                            |                                | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                        |                                                                                                        | Statute/Ordinance #<br>581.189(6)(c)        |                                                                  |  |                                                       |  |
|                                                       | Citation #                                                                                                                                                                                                                                                                       |                                                                                                                                                 |                         |                   | Bond Amount<br>NO BOND                                                                                 |                                |                                                                                                                               |                                                                                                        | Court Case #                                |                                                                  |  |                                                       |  |
| CHARGE                                                | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                      |                                                                                                                                                 |                         |                   | <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Charge Description                                                                                                                                                                                                                                                               |                                                                                                                                                 |                         |                   | Counts                                                                                                 |                                | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                                   |                                                                                                        | Statute/Ordinance #                         |                                                                  |  |                                                       |  |
| CHARGE                                                | Citation #                                                                                                                                                                                                                                                                       |                                                                                                                                                 |                         |                   | Bond Amount                                                                                            |                                |                                                                                                                               |                                                                                                        | Court Case #                                |                                                                  |  |                                                       |  |
|                                                       | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att.                                 |                                                                                                                                                 |                         |                   | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                                   |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
| JCC NOT OFFERED                                       | Reasoning                                                                                                                                                                                                                                                                        |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | Comments                                                                                                                                                                                                                                                                         |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
| ADMINISTRATIVE                                        | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                          |                                                                                                                                                 |                         |                   |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             |                                                                  |  |                                                       |  |
|                                                       | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                             |                                                                                                                                                 |                         |                   | Sworn to and subscribed before me, the undersigned                                                     |                                |                                                                                                                               |                                                                                                        | Receiving Deputy (Print)<br>Gage            |                                                                  |  |                                                       |  |
|                                                       | Officer's / Complainant's Signature<br>[Signature] #5844                                                                                                                                                                                                                         |                                                                                                                                                 |                         |                   | Authority this 24 day of Sept 2026                                                                     |                                |                                                                                                                               |                                                                                                        | Received Date / Time<br>9/24/26 1320        |                                                                  |  |                                                       |  |
|                                                       | ID. No. / Dist.<br>5844                                                                                                                                                                                                                                                          |                                                                                                                                                 |                         |                   | Signature<br>[Signature]                                                                               |                                |                                                                                                                               |                                                                                                        | Receiving Deputy (Signature)<br>[Signature] |                                                                  |  |                                                       |  |
|                                                       | Printed)<br>Gage, Bobby AG2                                                                                                                                                                                                                                                      |                                                                                                                                                 |                         |                   | Notary / Law Enforcement Officer in Performance of Official Duties                                     |                                |                                                                                                                               |                                                                                                        | Employee ID #<br>5844                       |                                                                  |  |                                                       |  |
| Marsy's Law Information                               |                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                         | Victim's Name:    |                                                                                                        |                                |                                                                                                                               |                                                                                                        |                                             | Marsy's Law rights have been provided to the victim              |  | Victim would like to have their information protected |  |





INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102671

NARRATIVE

On Thursday September 24th 2026, approximately 0930hrs, while in the area of MM 159 southbound I-95, Cpl. M. Baumann observed a red vehicle parked in the woods of the state owned median of I-95. Cpl. Baumann approached the vehicle and made contact with Jeffory Williams in the woods, who was holding a white bag and carrying a pair of plant pruners. Cpl. Baumann stated that Williams was in the process of cutting a stalk of berries from a saw palmetto tree when contact was made. It should be known that this area is known for illegal harvesting of the Florida saw palmetto berry. Cpl. Baumann advised me that when he made contact with Williams, he advised that they were harvesting berries. He stated that there were two other subjects with him. Williams was then detained.

Fellsmere PD Officer Dotson then walked due south of where Williams was located, and observed another subject in the wooded median. She made contact with him, who was later identified as Robert Gabbard. Gabbard was detained. Gabbard advised that the third subject should be harvesting berries just south of him.

I and other officers walked the wooded median area in search of the 3rd subject to no avail. The other two arrestees advised that the outstanding subjects name was Ray. IRC SO Deputy Ryan Matthews deployed his drone but after a short time with no luck had to land it due to technical issues. FHP K9 Trooper Bannister arrived on scene and stated that he could deploy his K9 partner due to the felony charge. As I left the area of woods that the subject was suspected of being in, I made multiple attempts of yelling that "Ray" needed to come out and give up before a K9 was brought into the area. IRC SO Deputy Ferrer and Trooper Bannister entered the wooded median with his K9 partner. They gave multiple clear loud verbal commands for Ray to come out of the woods. Eventually the K9 located an area of thick saw palmetto trees and began showing interest in it. Trooper Bannister stated that he gave multiple commands for Ray to come out of the thick vegetation and to put his hands up, to no avail. Eventually Ray was apprehended by Trooper Bannisters K9 partner. I assisted Deputy Ferrer and Trooper Bannister with placing hand restraints onto Ray. Ray advised me that he was sleeping and that's why he did not respond to the several verbal commands yelled at him. It should be known that the area Ray was apprehended consisted of several saw palmetto trees creating a canopy, but also an uneven ground surface. The limbs of a saw palmetto tree are lined with sharp "saw like" teeth, hence their name. Just walking through trails with these trees and brushing against them, will easily cut through human skin, as it did several of us today. It is highly unlikely that Ray was taking a nap in the middle of a cluster of these trees, especially with grassy shaded areas within feet of his location.

I read Gabbard Miranda from my agency issued card and he agreed to speak with me. Gabbard advised that he and the two others came to the area from Okeechobee before sunrise this morning and had been harvesting berries since. Gabbard advised me that he did not have permission to be on the property, nor did he have a harvesting permit from FDACS.

I read Williams Miranda from my agency issued card and he agreed to speak with me. Williams advised me that he and the others came to the area from Okeechobee early this morning to pick saw palmetto berries. Williams advised that he did not have a permit to harvest the berries, nor did he have permission to be on the property.

Howard was questioned by Deputy Zach Finnegan and post Miranda stated that he did not have permission to be on the property and he also did not have a harvesting permit from FDACS. He advised they arrived to the area in the early morning hours of today.

Throughout the woods where the 3 subjects were located were several large bags of freshly harvested saw palmetto berries, weighing approximately 350 pounds total.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2

*[Signature]* #5844

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

LEO

INDIAN RIVER COUNTY SHERIFF'S OFFICE



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102671

NARRATIVE (Continuation)

Around and inside the vehicle, which Gabbard advised me was his sisters they used to get here this morning, was several pairs of plant pruners, empty bags similar to those with the berries inside nearby, and headlamps and flashlights.

Probable cause exists for all 3 subjects for FSS 581.189(6)(c), illegally harvesting saw palmetto berries.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2

*[Signature]* #5844

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

*[Signature]* 24 day of Sept

LEO



|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                       | <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                                                                                                         |                                      |                                                                                                |                         | Case Report # 2026-8500                                                                                                        |                                                                                                                                                                              | Booking # <u>26-3281</u>                                                                                     |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         | <input checked="" type="checkbox"/> Arrest Affidavit<br><input type="checkbox"/> Notice to appear                              |                                                                                                                                                                              | <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Complaint Affidavit  |               |
|                                                                                                                                                                                                                                                                                                                                             | Charge Type, check as many as apply<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                             |                                      |                                                                                                |                         | Court Case # 312022CF00155A                                                                                                    |                                                                                                                                                                              | OBTS # <u>3101163146</u>                                                                                     |               |
|                                                                                                                                                                                                                                                                                                                                             | Location of Arrest<br><br>4055 41st Ave Vero Beach, FL 32960                                                                                                                                                                                                                                                                                 |                                      |                                                                                                |                         | Location of Offense                                                                                                            |                                                                                                                                                                              | Weapons / Seized                                                                                             |               |
| <b>Defendant Adult / Juvenile</b>                                                                                                                                                                                                                                                                                                           | Date of Arrest<br>09/24/2026                                                                                                                                                                                                                                                                                                                 |                                      | Time of Arrest<br>1200                                                                         |                         | Date of Offense                                                                                                                |                                                                                                                                                                              | Fingerprinted                                                                                                |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |               |
|                                                                                                                                                                                                                                                                                                                                             | Name<br>Schaeffer, Shelia, Patricia                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | Alias                                                                                                        |               |
|                                                                                                                                                                                                                                                                                                                                             | Race<br>White                                                                                                                                                                                                                                                                                                                                |                                      | Sex<br>F                                                                                       | Height<br>5'6"          | Weight<br>110                                                                                                                  | Eye Color<br>Blue                                                                                                                                                            | Hair Color<br>Blonde                                                                                         | Email Address |
|                                                                                                                                                                                                                                                                                                                                             | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | School Child Attends                                                                                         |               |
|                                                                                                                                                                                                                                                                                                                                             | Local Address (street, Apt. Number)<br>1652 SE Mistletoe ST Port Saint Lucie, FL 34983                                                                                                                                                                                                                                                       |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | Phone                                                                                                        |               |
| <b>Co Def</b>                                                                                                                                                                                                                                                                                                                               | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                                                                               |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | Phone                                                                                                        |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>       |               |
|                                                                                                                                                                                                                                                                                                                                             | Driver's License Number / State<br>S160795815880                                                                                                                                                                                                                                                                                             |                                      | Social Security Number<br>[REDACTED]                                                           |                         | DOB<br>03/08/1981                                                                                                              | Place Of Birth<br>District of Columbia                                                                                                                                       |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                | Citizen<br>Y                                                                                                                                                                 |                                                                                                              |               |
| * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
| <b>CHARGE</b>                                                                                                                                                                                                                                                                                                                               | Charge Description<br>AMENDED VOP FELONY                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                |                         | Counts<br>1                                                                                                                    |                                                                                                                                                                              | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                    |               |
|                                                                                                                                                                                                                                                                                                                                             | Citation #                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                |                         | Bond Amount<br>NO BOND                                                                                                         |                                                                                                                                                                              | Statute/Ordinance #<br>948.06F                                                                               |               |
| <input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
| <b>CHARGE</b>                                                                                                                                                                                                                                                                                                                               | Charge Description                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                |                         | Counts                                                                                                                         |                                                                                                                                                                              | <input type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                               |               |
|                                                                                                                                                                                                                                                                                                                                             | Citation #                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                |                         | Bond Amount                                                                                                                    |                                                                                                                                                                              | Statute/Ordinance #                                                                                          |               |
| <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                       |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                     | Mandatory Appearance In Court                                                                                                                                                                                                                                                                                                                |                                      | Location (Address, Court, Room #)                                                              |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      | Month      Day      Year      Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             | 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 Juv. Parent / Custodian |                                                                                                | Released to : (Name)    |                                                                                                                                | Date                                                                                                                                                                         |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                |                         |                                                                                                                                | Time                                                                                                                                                                         |                                                                                                              |               |
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                       | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                                                                                      |                                      |                                                                                                |                         |                                                                                                                                |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                                         |                                      |                                                                                                |                         | Sworn to and subscribed before me, the undersigned                                                                             |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             | Officer's / Complainant's Signature<br><u>T. Bullard</u>                                                                                                                                                                                                                                                                                     |                                      |                                                                                                |                         | Authority this <u>24</u> day of <u>Sept</u> , 20 <u>26</u><br>Signature <u>[Signature]</u><br>Print or Type Name <u>Grandy</u> |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             | ID. No. / Dist.<br>6071/I.R.C.S.O.                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                |                         | Notary / Law Enforcement Officer in Performance of Official Duties                                                             |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             | Name (Printed)<br>T. Bullard                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                |                         | <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced                                      |                                                                                                                                                                              |                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                | <b>BOOKING USE ONLY</b> |                                                                                                                                | Receiving Deputy (Print)<br><u>Grandy</u><br>Received Date/Time<br><u>9/24/26 1308</u><br>Receiving Deputy (Signature)<br><u>[Signature]</u><br>Employee ID #<br><u>5864</u> |                                                                                                              |               |

☐ Contains confidential victim's information



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

2026-8500

Case Report #

NARRATIVE

On the above date and time I Deputy T. Bullard served Schaeffer, Shelia, Patricia an active Indian River County Warrant# 312022CF00155A CT-1 Amended Violation of Probation Felony No Bond. I have no further information.



The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

LEO



|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADMINISTRATIVE</b>                   | <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                                                                                                         |                                         |                                                                                                |                | Case Report # 2026-8500                                                                           |                                                                                                                                                                               | Booking # <u>26-3282</u>                                                                                     |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                | <input checked="" type="checkbox"/> Arrest Affidavit<br><input type="checkbox"/> Notice to appear |                                                                                                                                                                               | <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Complaint Affidavit  |                                                                                                                                                                               |
|                                         | Charge Type, check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br>as many as apply <input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                                |                                         |                                                                                                |                | Court Case # 312023CF000829A                                                                      |                                                                                                                                                                               | OBTS # <u>3101163150</u>                                                                                     |                                                                                                                                                                               |
|                                         | Location of Arrest<br>4055 41st Ave Vero Beach, FL 32960                                                                                                                                                                                                                                                                                     |                                         |                                                                                                |                | Victim <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Criminal               |                                                                                                                                                                               | Weapons / Seized                                                                                             |                                                                                                                                                                               |
| <b>Defendant Adult / Juvenile</b>       | Date of Arrest<br>09/24/2026                                                                                                                                                                                                                                                                                                                 |                                         | Time of Arrest<br>1200                                                                         |                | Date of Offense                                                                                   |                                                                                                                                                                               | Fingerprinted                                                                                                |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               | <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |                                                                                                                                                                               |
|                                         | Name<br>Pendergrass, Damien, Dajuan                                                                                                                                                                                                                                                                                                          |                                         |                                                                                                |                | Alias                                                                                             |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         | Race<br>Black                                                                                                                                                                                                                                                                                                                                |                                         | Sex<br>M                                                                                       | Height<br>5'9" | Weight<br>216                                                                                     | Eye Color<br>Brown                                                                                                                                                            | Hair Color<br>Bald                                                                                           | Email Address                                                                                                                                                                 |
|                                         | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               | School Child Attends                                                                                         |                                                                                                                                                                               |
|                                         | Local Address (street, Apt. Number)<br>1793 Lauderdale Manor DR, FT Lauderdale, FL 33311                                                                                                                                                                                                                                                     |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               | Phone                                                                                                        |                                                                                                                                                                               |
|                                         | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                                                                               |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>       |                                                                                                                                                                               |
|                                         | Driver's License Number / State<br>P536164784020                                                                                                                                                                                                                                                                                             |                                         | Social Security Number                                                                         |                | DOB<br>11/02/1978                                                                                 | Place Of Birth<br>Fort Lauderdale, FL                                                                                                                                         | Citizen<br>Y                                                                                                 | Occupation                                                                                                                                                                    |
|                                         | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         | <b>Co Def</b>                                                                                                                                                                                                                                                                                                                                | Co-Defendant Name (Last, First, Middle) |                                                                                                |                | Race                                                                                              | Sex                                                                                                                                                                           | Date of Birth or Age                                                                                         | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |
| Co-Defendant Name (Last, First, Middle) |                                                                                                                                                                                                                                                                                                                                              |                                         | Race                                                                                           | Sex            | Date of Birth or Age                                                                              | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
| <b>CHARGE</b>                           | Charge Description<br>VOP- FELONY                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                |                |                                                                                                   | Counts<br>1                                                                                                                                                                   | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                    | Statute/Ordinance #<br>948.06 [3848]                                                                                                                                          |
|                                         | Citation #                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                |                |                                                                                                   | Bond Amount<br>NO BOND                                                                                                                                                        | Court Case #<br>312023CF000829A                                                                              |                                                                                                                                                                               |
|                                         | <input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony  |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
| <b>CHARGE</b>                           | Charge Description                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                |                |                                                                                                   | Counts                                                                                                                                                                        | <input type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.                                               | Statute/Ordinance #                                                                                                                                                           |
|                                         | Citation #                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                |                |                                                                                                   | Bond Amount                                                                                                                                                                   | Court Case #                                                                                                 |                                                                                                                                                                               |
|                                         | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony                        |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
| <b>NOTICE TO APPEAR</b>                 | Mandatory Appearance In Court                                                                                                                                                                                                                                                                                                                |                                         | Location (Address, Court, Room #)                                                              |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         | Month      Day      Year      Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         | 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 Juv. Parent / Custodian                                                           |                | Released to: (Name)                                                                               |                                                                                                                                                                               | Date                                                                                                         | Time                                                                                                                                                                          |
| <b>ADMINISTRATIVE</b>                   | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                                                                                      |                                         |                                                                                                |                |                                                                                                   |                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                               |
|                                         | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                                         |                                         |                                                                                                |                |                                                                                                   | Sworn to and subscribed before me, the undersigned                                                                                                                            |                                                                                                              |                                                                                                                                                                               |
|                                         | Officer's / Complainant's Signature                                                                                                                                                                                                                                                                                                          |                                         |                                                                                                |                |                                                                                                   | Authority this <u>24</u> day of <u>Sept</u> , 20 <u>26</u><br>Signature <u>[Signature]</u><br>Print or Type Name <u>J. Torres</u>                                             |                                                                                                              |                                                                                                                                                                               |
|                                         | ID. No. / Dist.<br>6071/I.R.C.S.O.                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                |                |                                                                                                   | Notary / Law Enforcement Officer in Performance of Official Duties                                                                                                            |                                                                                                              |                                                                                                                                                                               |
|                                         | Name (Printed)<br>T. Bullard                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                                |                |                                                                                                   | <input type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced                                                                                                |                                                                                                              |                                                                                                                                                                               |
| <b>BOOKING USE ONLY</b>                 |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   | Receiving Deputy (Print)<br><u>J. Torres</u>                                                                                                                                  |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   | Received Date / Time<br><u>9/24/26 14:00</u>                                                                                                                                  |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   | Receiving Deputy (Signature)<br><u>[Signature]</u>                                                                                                                            |                                                                                                              |                                                                                                                                                                               |
|                                         |                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                |                |                                                                                                   | Employee ID #<br><u>6216</u>                                                                                                                                                  |                                                                                                              |                                                                                                                                                                               |

☐ Contains confidential victim's information



## INDIAN RIVER COUNTY SHERIFF'S OFFICE

ARREST AFFIDAVIT

4055 41st Ave

Vero Beach, Florida 32960

## Arrest Affidavit Report

2026-8500

Case Report #

## NARRATIVE

On the above date and time I Deputy T. Bullard served Pendergrass, Damien, Dajuan active Indian River County Warrant# 312023CF000829A CT-1 Violation of Probation Felony No Bond. I have no further information.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Sworn and Subscribed before me this

NOTARY / ASA

My comission expires

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE

24 day of September, 2026

6216

LEO



|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                       | <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                                                                                                         |  |                                                                                                |                                                                                                                                                                 | Case Report #26-8500                                                                                                    |                                  | Booking # <u>26-3283</u>                                                                                                                                                      |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Notice to appear <input type="checkbox"/> Juvenile Complaint Affidavit                                                                                                                                   |  |                                                                                                |                                                                                                                                                                 | Court Case #312020CF1620A                                                                                               |                                  | OBTS # <u>3101163149</u>                                                                                                                                                      |                                                                                                        |
| <b>Defendant Adult / Juvenile</b>                                                                                                                                                                                                                                                                                                           | Charge Type, check as many as apply: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                               |  |                                                                                                |                                                                                                                                                                 | Victim <input type="checkbox"/> Domestic Violence                                                                       |                                  | Weapons / Seized                                                                                                                                                              |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Location of Arrest<br><br>4055 41ST AVE VERO BEACH FL 32960                                                                                                                                                                                                                                                                                  |  |                                                                                                |                                                                                                                                                                 | Location of Offense                                                                                                     |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Date of Arrest<br>9/24/26                                                                                                                                                                                                                                                                                                                    |  | Time of Arrest<br>1201                                                                         |                                                                                                                                                                 | Date of Offense                                                                                                         |                                  | Fingerprinted                                                                                                                                                                 |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 | <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input checked="" type="checkbox"/> Criminal |                                  | Fingerprinted By <u>Torres</u>                                                                                                                                                |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Name<br>CAINES, EVERN ANTION                                                                                                                                                                                                                                                                                                                 |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  | Alias                                                                                                                                                                         |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Race<br>AFRICAN AMERICAN                                                                                                                                                                                                                                                                                                                     |  | Sex<br>M                                                                                       | Height<br>5'11"                                                                                                                                                 | Weight<br>250                                                                                                           | Eye Color<br>BROWN               | Hair Color<br>BLACK                                                                                                                                                           | Email Address                                                                                          |
|                                                                                                                                                                                                                                                                                                                                             | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                                        |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  | School Child Attends                                                                                                                                                          |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Local Address (street, Apt. Number)<br>505 NW 9TH AVE POMPANO BEACH FL 33060                                                                                                                                                                                                                                                                 |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  | Phone                                                                                                                                                                         | Veteran<br><input type="checkbox"/> Y <input type="checkbox"/> N                                       |
|                                                                                                                                                                                                                                                                                                                                             | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                                                                               |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  | Phone                                                                                                                                                                         | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                             | Driver's License Number / State<br>C231 728 81 400 0                                                                                                                                                                                                                                                                                         |  | Social Security Number<br>[REDACTED]                                                           |                                                                                                                                                                 | DOB<br>2/2/95                                                                                                           | Place Of Birth<br>US TERRITORIES |                                                                                                                                                                               | Citizen<br>Y                                                                                           |
| * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
| <b>Co Def</b>                                                                                                                                                                                                                                                                                                                               | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                      |  |                                                                                                | Race                                                                                                                                                            | Sex                                                                                                                     | Date of Birth or Age             | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                      |  |                                                                                                | Race                                                                                                                                                            | Sex                                                                                                                     | Date of Birth or Age             | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                                                                                        |
| <b>CHARGE</b>                                                                                                                                                                                                                                                                                                                               | Charge Description<br>FELONY VOP                                                                                                                                                                                                                                                                                                             |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         | Counts<br>1                      | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.<br>Statute/Ordinance # 948.06                                                                          |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Citation #                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         | Bond Amount<br>NO BOND           | Court Case #<br>312020CF1620A                                                                                                                                                 |                                                                                                        |
| <input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
| <b>CHARGE</b>                                                                                                                                                                                                                                                                                                                               | Charge Description<br>FELONY VOP                                                                                                                                                                                                                                                                                                             |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         | Counts<br>1                      | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.<br>Statute/Ordinance # 948.06                                                                          |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Citation #                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         | Bond Amount<br>NO BOND           | Court Case #<br>312021CF59A                                                                                                                                                   |                                                                                                        |
| <input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                     | <b>Mandatory Appearance In Court</b>                                                                                                                                                                                                                                                                                                         |  | Location (Address, Court, Room #)                                                              |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  | Month      Day      Year      Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | 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 Juv. Parent / Custodian                                                           |                                                                                                                                                                 |                                                                                                                         | Released to : (Name)             |                                                                                                                                                                               | Date      Time                                                                                         |
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                       | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                                                                                      |  |                                                                                                |                                                                                                                                                                 |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                                         |  |                                                                                                |                                                                                                                                                                 | Sworn to and subscribed before me, the undersigned                                                                      |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | Officer's / Complainant's Signature<br>                                                                                                                                                                                                                                                                                                      |  |                                                                                                |                                                                                                                                                                 | Authority this <u>24</u> day of <u>Sept</u> , 20 <u>26</u>                                                              |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |                                                                                                                                                                 | Signature <u>R</u>                                                                                                      |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             | ID. No. / Dist.<br>3071 IRC SO                                                                                                                                                                                                                                                                                                               |  |                                                                                                |                                                                                                                                                                 | Print or Type Name <u>B. Rudolph</u>                                                                                    |                                  |                                                                                                                                                                               |                                                                                                        |
| Name (Printed)<br>R. MARTINEZ                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                | Notary / Law Enforcement Officer in Performance of Official Duties<br><input type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced            |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                | <b>BOOKING USE ONLY</b>                                                                                                                                         |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                | Receiving Deputy (Print)<br><u>B. Rudolph</u><br>Received Date / Time<br><u>9/24/26 1307</u><br>Receiving Deputy (Signature)<br><br>Employee ID #<br><u>57m</u> |                                                                                                                         |                                  |                                                                                                                                                                               |                                                                                                        |

☐ Contains confidential victim's information



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

# Arrest Affidavit Report

26-8500

Case Report #

## NARRATIVE

ON SEPTEMBER 24, 2026 I DEPUTY R. MARTINEZ 3071 IRC SO SERVED ACTIVE INDIAN RIVER COUNTY WARRANTS 312020CF1620A AND 312021CF59A ON ABOVE NAMED DEFENDANT.



The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

*[Signature]* 3071

Sworn and Subscribed before me this 24 day of SEP2026

NOTARY/ ASA

*[Signature]*

My comission expires

LEO

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE





## INDIAN RIVER COUNTY SHERIFF'S OFFICE

## ARREST AFFIDAVIT

4055 41st Ave  
Vero Beach, Florida 32960

Case Report # 2026-00102206

Booking # 26-3285

- ☒
- Arrest Affidavit
- 
- ☐
- Juvenile Civil Citation

- ☐
- Juvenile Arrest Affidavit
- 
- ☐
- Juvenile Complaint Affidavit

Court Case #

OBTS # 3101163152

Charge Type, check  
as many as apply ☒ Felony ☐ Misdemeanor ☐ Ordinance  
☐ Traffic Felony ☐ Traffic Misdemeanor ☐ OtherVictim ☒ Domestic Violence

Weapons / Seized

Location of Arrest

09/23/2026

09:53

09/23/2026

☐ Identification Only☐ AFIS☐ Criminal

Fingerprinted By Grandy

Name

Adult - Crowley, Felicia M

Alias

Race  
WhiteSex  
FemaHeight  
5' 4"Weight  
140Eye Color  
HAZHair Color  
BRO

Email Address

Scars, Marks, Tattoos

School Child Attends

Legal Address (street, Apt. Number)

Phone

(772)321-8720

Veteran

☐ Y ☐ N

Phone

Parent Contacted

Y ☐ N ☐ N/A ☐

Driver's License Number / State

C228165900000 / FL

Social Security Number

DOB

10/17/1994

Place Of Birth

FL - FLORIDA

Citizen

Y

Occupation

\* Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth or Age

☐ Arrested☐ Felony☐ Misdemeanor☐ At Large☐ Juvenile

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth or Age

☐ Arrested☐ Felony☐ Misdemeanor☐ At Large☐ Juvenile

## CHARGE

Charge Description

COMMIT DOMESTIC BATTERY BY STRANGULATION

Counts

1

☒ F.S.☐ Ord.

Statute/Ordinance #

784.041.2a[9049]

Citation #

Bond Amount

0

Court Case #

☒ PC ☐ Capias/Warrant ☐ BW ☐ Juv PU ☐ Citation ☐ Domestic Viol Inj.☐ Writ Att.☐ Misdemeanor☒ Felony

## CHARGE

Charge Description

AGGRAVATED CHILD ABUSE w/o great bodily harm

Counts

1

☒ F.S.☐ Ord.

Statute/Ordinance #

827.03.2a[1] MB

Citation #

Bond Amount

0

Court Case #

☒ PC ☐ Capias/Warrant ☐ BW ☐ Juv PU ☐ Citation ☐ Domestic Viol Inj.☐ Writ Att.☐ Misdemeanor☒ Felony

## JCC NOT OFFERED

Reasoning

Comments

Adults Only ☐ Hold for First Appearance Do Not Bond Out: Reason:

The preceding is true to the best of my present knowledge or belief.

Officer's / Complainant's Signature

ID. No. / Dist.

6203

Name (Printed)

Baumann, Matthew A459

Sworn to and subscribed before me, the undersigned

Authority this 24 day of Sept 20 26

Signature

Print or Type Name Grandy

Notary / Law Enforcement Officer in Performance

of Official Duties

☒ Personally Known☐ ID Produced

Receiving Deputy (Print)

Grandy

Received Date / Time

9/24/26 1517

Receiving Deputy (Signature)

[Signature]

Employee ID #

5862

Marsy's Law Information

Victim's Name

Marsy's Law rights have been provided to the victim Y

Victim would like to have their information protected Y



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102206

NARRATIVE

On Wednesday September 23 2026 at approximately 0953 hours I responded to [REDACTED] in reference to a suspicious incident. Upon arrival I made contact with Felicia Crowley.

Upon making contact with Felicia she immediatly told me she "beat [REDACTED]". When I asked her what happened she informed me [REDACTED] cursed at her. After cursing at her [REDACTED] slammed her hand in the door and threw a pillow. Felicia advised she [REDACTED]. She said once she got [REDACTED] she choked [REDACTED]. I asked her what she ment by choking [REDACTED] and she said she grabbed [REDACTED] by the neck and squeezed. She advised she beleives it cause [REDACTED] to have trouble breathing.

I then made contact with [REDACTED] who advised [REDACTED] Felicia had choked [REDACTED] stated [REDACTED] cursed at her which made her made so she chased [REDACTED] stated she grabbed [REDACTED] neck with her hands and squeezed which caused [REDACTED] to have trouble breathing. [REDACTED] said she also choked [REDACTED] with her leg.

[REDACTED] showed a red mark on [REDACTED] neck which [REDACTED] advised was from [REDACTED] choking [REDACTED] advised it still hurt from the incident.

[REDACTED]  
Felicia was taken into custody and transported to the Indian River County Jail.

[REDACTED] was left in the care and custody of [REDACTED] Joyce Colvin.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

CPL. [REDACTED] 6207

Baumann, Matthew A459

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

LEO



MARSY'S LAW  
APPLIES?

N

Civilian? Yes \_\_\_\_\_ No \_\_\_\_\_  
Law Enforcement Officer? Yes \_\_\_\_\_ No \_\_\_\_\_

POB: West Palm Beach,  
Florida

AGENCY CASE #:

REPORT DATE:

TYPE:

# ARREST AFFIDAVIT

|                                   |                                                                                                                                                                                                                                                                 |                              |                                                  |                     |                                                     |  |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|---------------------|-----------------------------------------------------|--|
| CASE INFORMATION                  | CIRCUIT<br>19TH JUDICIAL CIRCUIT                                                                                                                                                                                                                                |                              | REPORTING AGENCY<br>VERO BEACH POLICE DEPARTMENT |                     | REPORT DATE<br>09/24/2026                           |  |
|                                   | REPORTING AGENCY ORI #<br>FL0310300                                                                                                                                                                                                                             |                              | ARRESTING AGENCY ORI #<br>FL0310300              |                     | SUBMITTING AGENCY ORI #<br>FL0310300                |  |
|                                   | BOOKING AGENCY ORI #<br>FL0310300                                                                                                                                                                                                                               |                              | AGENCY CASE #<br>26-008505                       |                     | ARREST # OR COURT CASE #<br>FL031030003999177008505 |  |
|                                   | JUVENILE?<br>NO                                                                                                                                                                                                                                                 |                              | TYPE OF ARREST<br>TAKEN INTO CUSTODY             |                     |                                                     |  |
|                                   | OBTS #<br>3101163153                                                                                                                                                                                                                                            |                              | EVIDENCE CONFISCATED                             |                     | EVIDENCE CONFISCATED DESCRIPTION                    |  |
|                                   | <input type="checkbox"/> 1. FELONY <input type="checkbox"/> 2. TRAFFIC FELONY <input checked="" type="checkbox"/> 3. MISDEMEANOR <input type="checkbox"/> 4. TRAFFIC MISDEMEANOR <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER/CAPIAS |                              |                                                  |                     |                                                     |  |
|                                   | ARREST                                                                                                                                                                                                                                                          |                              | BOOKING                                          |                     | JAIL                                                |  |
|                                   | DATE 09/24/26<br>09/23/2026 LS                                                                                                                                                                                                                                  |                              | TIME 02:35 PM                                    |                     | DATE 09/24/26<br>09/23/2026 LS                      |  |
|                                   | TIME 02:44 PM                                                                                                                                                                                                                                                   |                              | DATE 09/24/26<br>09/23/2026 LS                   |                     | TIME 02:44 PM                                       |  |
|                                   | AT BUSINESS?                                                                                                                                                                                                                                                    |                              | COMPANY NAME                                     |                     |                                                     |  |
| LOCATION OF<br>ARREST             | STREET #                                                                                                                                                                                                                                                        |                              | PRE DIRECTION                                    |                     | STREET NAME                                         |  |
|                                   | POST DIRECTION                                                                                                                                                                                                                                                  |                              | STREET CATEGORY CODE                             |                     | APT/UNIT #                                          |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
|                                   | [REDACTED]                                                                                                                                                                                                                                                      |                              |                                                  |                     |                                                     |  |
| ARRESTEE                          | PERSON #<br>1                                                                                                                                                                                                                                                   |                              | COARRESTEE STATUS                                |                     | JUVENILE?<br>NO                                     |  |
|                                   | PARENTS CONTACTED?                                                                                                                                                                                                                                              |                              | RELATIONSHIP TO SUBJECT                          |                     | NTA ?<br>NO                                         |  |
|                                   | BUSINESS/GOVERNMENT NAME                                                                                                                                                                                                                                        |                              |                                                  |                     | VICTIM TO SUBJECT RELATIONSHIP                      |  |
|                                   | FIRST NAME<br>AISHAH                                                                                                                                                                                                                                            |                              | MIDDLE NAME<br>TORAH                             |                     | LAST NAME<br>DUNBAR                                 |  |
|                                   | SUFFIX                                                                                                                                                                                                                                                          |                              | DATE OF BIRTH<br>2/4/1995                        |                     | AGE<br>31                                           |  |
|                                   | GENDER<br>F                                                                                                                                                                                                                                                     |                              | HEIGHT<br>5'03"                                  |                     | RACE<br>B                                           |  |
|                                   | ETHNICITY<br>NOT HISPANIC<br>OR LATINO                                                                                                                                                                                                                          |                              | ALIAS / MAIDEN                                   |                     | ALT NAME DESC.<br>NA                                |  |
|                                   | COMPLEXION<br>DARK                                                                                                                                                                                                                                              |                              | BUILD<br>AVERAGE                                 |                     | WEIGHT<br>150 LBS                                   |  |
|                                   | EYE COLOR<br>BRO                                                                                                                                                                                                                                                |                              | HAIR COLOR<br>BLK                                |                     | PHYSICAL FEATURE                                    |  |
|                                   | SCARS/MARKS/TATOOS (LOCATION / DESCRIBE)                                                                                                                                                                                                                        |                              |                                                  |                     |                                                     |  |
| DUI INDICATOR<br>ALCOHOL          |                                                                                                                                                                                                                                                                 | SPEAKS ENGLISH?<br>YES       |                                                  | THREAT?<br>NO       |                                                     |  |
| PROBATION?<br>NO                  |                                                                                                                                                                                                                                                                 | GANG AFF?<br>NO              |                                                  | SEX OFFENDER?<br>NO |                                                     |  |
| MENTAL HEALTH<br>NO               |                                                                                                                                                                                                                                                                 | HOMELESS?<br>NO              |                                                  | IDENTIFICATION      |                                                     |  |
| DRIVER LICENSE #<br>D230812842000 |                                                                                                                                                                                                                                                                 | DL STATE<br>FL               |                                                  | DL CLASS<br>E       |                                                     |  |
| PLACE OF BIRTH<br>US              |                                                                                                                                                                                                                                                                 | COUNTRY OF CITIZENSHIP<br>US |                                                  | SOC. SEC. #         |                                                     |  |
| INS #                             |                                                                                                                                                                                                                                                                 | FBI #                        |                                                  | ECIC/NCIC #         |                                                     |  |
| BOOKING #                         |                                                                                                                                                                                                                                                                 | SPN #                        |                                                  | DOC #               |                                                     |  |
| OTHER ID #                        |                                                                                                                                                                                                                                                                 | [REDACTED]                   |                                                  |                     |                                                     |  |
| PERSON RESIDENCE CODE<br>RESIDENT |                                                                                                                                                                                                                                                                 | PHONE #                      |                                                  | E-MAIL              |                                                     |  |



CHARGE INFORMATION

|                                          |                                |                                  |                                |                                   |                                 |
|------------------------------------------|--------------------------------|----------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| CHARGE #<br>1                            | VICTIM PERSON #<br>2           | OFFENSE START DATE<br>09/24/2026 | OFFENSE END DATE<br>09/24/2026 | INCIDENT START DATE<br>09/24/2026 | INCIDENT END DATE<br>09/24/2026 |
| JUVENILE REFERRAL                        |                                |                                  |                                |                                   |                                 |
| CHARGE TYPE<br>FSS                       | CHARGE SEVERITY<br>MISDEMEANOR | ORDINANCE #                      | STATE STATUTE<br>784.03(1A2)   | STATUTE CATEGORY<br>BATTERY       |                                 |
| STATUTE DESCRIPTION<br>CAUSE BODILY HARM |                                |                                  | COUNTS<br>1                    | INCREASED PENALTY                 | DOMESTIC VIOLENCE<br>YES        |
| DRUG ACTIVITY<br>N/A                     | DRUG TYPE                      | DRUG AMOUNT                      | BAIL BOND TYPE<br>NO BOND      | BOND DATE<br>09/23/2026           | BOND AMOUNT<br>\$0.00           |
| PERSON #                                 | COARRESTEE STATUS              | JUVENILE?                        | PARENTS CONTACTED?             | RELATIONSHIP TO SUBJECT           | NTA ?                           |

VICTIM PERSON

MARSHY'S LAW

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:  
On **09/23/2026** , at **14:00** (Specifically include facts constituting cause for arrest.)

**DOMESTIC BATTERY (bodily harm) in that the Defendant did:**

Actually and intentionally;  
Touch or strike the Victim [REDACTED]  
Against the will of the Victim; and  
Intentionally caused bodily harm to the Victim;  
A family member [REDACTED] and  
Contrary to Florida Statutes 784.03(1) and 741.283.

On 09/23/26 I, Ofcr. S. Gonzalez (471), responded to [REDACTED]  
[REDACTED] regarding a disturbance.

Dispatch advised that the Victim's son reported the Defendant had "put her hands on" the Victim, and that the caller was currently en route to the residence.

Upon arrival, I observed a white, 4-door Mitsubishi traveling at a high rate of speed down the street before stopping abruptly near the apartment. A Black male exited the passenger side and rushed toward the front door. I deduced this individual was the caller and the Victim's son.

I called out to the son, but he ignored my commands and continued toward the apartment door, where he was met by another Black male who blocked his path. The two men briefly exchanged words. Anticipating that the situation was escalating, I requested an expedited response from backup units. The Victim's son then turned, looked at me briefly, returned to the vehicle, and rapidly fled the scene.

I approached the front door and spoke with the Black male blocking the entrance, informing him that I needed to see the Victim. He stated that she was in her room sleeping. I sternly insisted that I needed to see and speak with the Victim immediately.

Upon opening the door, I encountered the Defendant standing in the living room wearing only her underwear. She immediately began yelling at me, demanding that the Victim leave the apartment. I remained in the doorway and attempted to calm the Defendant to determine what was happening, but she repeatedly yelled that the Victim needed to get out. While speaking with her, I observed that the interior of the apartment was in disarray and the floor was wet.

Eventually, the Victim exited the rear of the apartment [REDACTED] appearing to have difficulty walking and standing. She remained just inside the apartment and refused to step outside. I observed that she was crying, hyperventilating, and appeared fearful. I successfully coaxed the Victim to step outside while maintaining my position at the front door to keep both the Defendant and the second occupant in view.

As the Victim stepped outside, I observed a fresh, bleeding scratch on her chest. While speaking with her, I noted she was distraught, hyperventilating, and had blood on her lips. Through her sobs, the Victim stated that she is the [REDACTED]

The Victim further explained that they had both been consuming alcohol when the Defendant became angry demanding that she leave the apartment. The Victim stated that the Defendant then went into the bedroom and attacked her by punching her about the head and face. As she recounted the incident, the Victim pointed out two visible contusions ("goose eggs") on the upper right side of her head.

During our conversation, the Victim asked for ice for her head and began hyperventilating to the point that I feared she would collapse.

I requested Emergency Medical Services (EMS) to evaluate the scene. Upon arrival, paramedics assessed the Victim and transported her to the emergency department at Cleveland Clinic Indian River Hospital due to her head injuries (IRC EMS Run no: 2026-102801). I spoke briefly with a paramedic, who confirmed she was being transported for evaluation of trauma sustained from being punched in the head.

I offered the Defendant an opportunity to provide a statement regarding the incident, but she refused to speak with me or offer her side of the events. The black male who had been at the door initially identified himself as the Defendant's husband but left the scene before he could be identified.

Once the Victim was inside the ambulance, I began photographing her injuries and observed an additional bloody scratch on the left side of her face near her ear.

Based on the totality of the circumstances, I concluded that probable cause existed to believe the Defendant battered [REDACTED] intentionally striking her and causing bodily injury

All body-worn camera video in use was uploaded to a secure server.

The foregoing occurred within the City of Vero Beach, Indian River County, Florida.

PROBABLE CAUSE STATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                              |                                            |                                         |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------------------|
| ENFORCEMENT<br>OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST NAME<br><b>S</b>                                                                                    | LAST NAME<br><b>GONZALEZ</b> | BADGE #                                    | RANK<br><b>OFFICER</b>                  | SIGNATURE METHOD<br><b>ELECTRONIC</b>              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I SWEAR/AFFIRM THE ABOVE ATTACHED STATEMENTS ARE TRUE AND CORRECT ON<br><b>09/24/2026</b> at <b>16:17</b> |                              |                                            | OFFICER SIGNATURE<br><i>S. Gonzalez</i> |                                                    |
| AFFIRMING<br>OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                            | AFFIRMING OFFICIAL NAME<br><i>Grandy</i>                                                                  | BADGE #<br><i>5802</i>       | AFFIRMING AGENCY ORI #<br><b>FL0310000</b> | SIGNATURE METHOD<br><b>INK</b>          | AFFIRMING OFFICIAL SIGNATURE<br><i>[Signature]</i> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SUBSCRIBED AND AFFIRMED TO BEFORE ME ON <b>09/24/202</b> AT <b>16:18</b> BY _____                         |                              |                                            |                                         |                                                    |
| WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION. ____LEO/CO (FSS 117.10)                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                              |                                            |                                         |                                                    |
| P.C. Exists for Charge(s): <input type="checkbox"/> YES <input type="checkbox"/> NO _____<br><div style="display: flex; justify-content: space-between;"> <span>Judge's Signature</span> <span>Date</span> </div>                                                                                                                                                                                                                                                |                                                                                                           |                              |                                            |                                         |                                                    |
| <small>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 SHALL BE ISSUED. SIGNING THIS NOTICE TO APPEAR IS NOT AN ADMISSION OF GUILT. YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE INFORMATION LISTED HEREON.</small> |                                                                                                           |                              |                                            |                                         |                                                    |
| DEFENDANT THUMB PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                              | DEFENDANT/JUVENILE SIGNATURE               | PARENT/GUARDIAN SIGNATURE               |                                                    |



POB: West Palm Beach, Florida

|                                   |                                                                                                                                                                                                                                                                                                                                             |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|---------------------------------|--|
| <b>ADMINISTRATIVE</b>             | <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                                                                                                        |  |                                      |        | Case Report # 2026-00102671                                                                      |                                                                                                                                               | Booking # 2026-3287                                                                                                                                                           |                                             |                                                                                                        |               |                                 |  |
|                                   | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit                                                                                                                           |  |                                      |        | Court Case #                                                                                     |                                                                                                                                               | OBTS # 3101163154                                                                                                                                                             |                                             |                                                                                                        |               |                                 |  |
|                                   | Charge Type, check as many as apply<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                            |  |                                      |        | Victim <input type="checkbox"/> Domestic Violence    Weapons / Seized<br><b>STATE OF FLORIDA</b> |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
|                                   | Location of Arrest<br><b>MM159 I-95<br/>VERO BEACH, FL 32967-</b>                                                                                                                                                                                                                                                                           |  |                                      |        | Location of Offense<br><b>MM159 I-95<br/>VERO BEACH FL 32967-</b>                                |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
| <b>Defendant Adult / Juvenile</b> | Date of Arrest<br><b>09/24/2026</b>                                                                                                                                                                                                                                                                                                         |  | Time of Arrest<br><b>09:34</b>       |        | Date of Offense<br><b>09/24/2026</b>                                                             |                                                                                                                                               | Fingerprinted<br><input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal                                                 |                                             | Fingerprinted By<br><b>SH11</b>                                                                        |               |                                 |  |
|                                   | Name<br><b>Adult - HOWARD, RAY A</b>                                                                                                                                                                                                                                                                                                        |  |                                      |        |                                                                                                  |                                                                                                                                               | Alias                                                                                                                                                                         |                                             |                                                                                                        |               |                                 |  |
|                                   | Race<br><b>White</b>                                                                                                                                                                                                                                                                                                                        |  | Sex<br><b>Male</b>                   | Height | Weight                                                                                           | Eye Color                                                                                                                                     |                                                                                                                                                                               | Hair Color                                  |                                                                                                        | Email Address |                                 |  |
|                                   | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                                       |  |                                      |        |                                                                                                  |                                                                                                                                               | School Child Attends                                                                                                                                                          |                                             |                                                                                                        |               |                                 |  |
|                                   | Local Address (street, Apt. Number)<br><b>16461 STATE ROAD 70 E OKEECHOBEE, FL 34974-</b>                                                                                                                                                                                                                                                   |  |                                      |        |                                                                                                  |                                                                                                                                               | Phone<br><b>(863)446-8217</b>                                                                                                                                                 |                                             | Veteran<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                            |               |                                 |  |
|                                   | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                                                                              |  |                                      |        |                                                                                                  |                                                                                                                                               | Phone                                                                                                                                                                         |                                             | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |               |                                 |  |
|                                   | Driver's License Number / State<br><b>w462368170000 / FL</b>                                                                                                                                                                                                                                                                                |  | Social Security Number<br>[REDACTED] |        | DOB<br><b>10/09/1963</b>                                                                         |                                                                                                                                               | Place Of Birth<br><b>FL - FLORIDA</b>                                                                                                                                         |                                             | Citizen<br><b>Y</b>                                                                                    |               | Occupation<br><b>Unemployed</b> |  |
|                                   | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                             |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
|                                   | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                     |  | Race                                 | Sex    | Date of Birth or Age                                                                             |                                                                                                                                               | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                             |                                                                                                        |               |                                 |  |
|                                   | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                     |  | Race                                 | Sex    | Date of Birth or Age                                                                             |                                                                                                                                               | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                             |                                                                                                        |               |                                 |  |
| <b>CHARGE</b>                     | Charge Description<br><b>DESTROY/HARVEST PALMETTO BERRY W/O PERMISSION</b>                                                                                                                                                                                                                                                                  |  |                                      |        |                                                                                                  | Counts<br><b>1</b>                                                                                                                            | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                                                                        | Statute/Ordinance #<br><b>581.189(6)(c)</b> |                                                                                                        |               |                                 |  |
|                                   | Citation #                                                                                                                                                                                                                                                                                                                                  |  |                                      |        |                                                                                                  | Bond Amount<br><b>NO BOND</b>                                                                                                                 |                                                                                                                                                                               | Court Case #                                |                                                                                                        |               |                                 |  |
|                                   | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
| <b>CHARGE</b>                     | Charge Description<br><b>RESIST OFFICER W/O VIOLENCE</b>                                                                                                                                                                                                                                                                                    |  |                                      |        |                                                                                                  | Counts<br><b>1</b>                                                                                                                            | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                                                                                   | Statute/Ordinance #<br><b>843.02[3143]</b>  |                                                                                                        |               |                                 |  |
|                                   | Citation #                                                                                                                                                                                                                                                                                                                                  |  |                                      |        |                                                                                                  | Bond Amount<br><b>\$500</b>                                                                                                                   |                                                                                                                                                                               | Court Case #                                |                                                                                                        |               |                                 |  |
|                                   | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
| <b>JCC NOT OFFERED</b>            | Reasoning                                                                                                                                                                                                                                                                                                                                   |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
|                                   | Comments                                                                                                                                                                                                                                                                                                                                    |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
| <b>ADMINISTRATIVE</b>             | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                                                                                     |  |                                      |        |                                                                                                  |                                                                                                                                               |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |
|                                   | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                                        |  |                                      |        |                                                                                                  | Sworn to and subscribed before me, the undersigned                                                                                            |                                                                                                                                                                               |                                             | Receiving Deputy (Print)<br><b>L. Sh11</b>                                                             |               |                                 |  |
|                                   | Officer's / Complainant's Signature<br>                                                                                                                                                                                                                                                                                                     |  |                                      |        |                                                                                                  | Authority this <b>24</b> day of <b>September</b> 20 <b>26</b>                                                                                 |                                                                                                                                                                               |                                             | Received Date / Time<br><b>9-24-26 19:35</b>                                                           |               |                                 |  |
|                                   | ID. No. / Dist.<br><b>5844</b>                                                                                                                                                                                                                                                                                                              |  |                                      |        |                                                                                                  | Signature <b>L. Sh11</b><br>Print or Type Name <b>L. Sh11</b>                                                                                 |                                                                                                                                                                               |                                             | Receiving Deputy (Signature)<br>                                                                       |               |                                 |  |
|                                   | Notary / Law Enforcement Officer in Performance of Official Duties                                                                                                                                                                                                                                                                          |  |                                      |        |                                                                                                  | <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced                                                     |                                                                                                                                                                               |                                             | Employee ID #<br><b>6156</b>                                                                           |               |                                 |  |
|                                   | Marsy's Law Information<br><b>Gage, Bobby AG2</b>                                                                                                                                                                                                                                                                                           |  |                                      |        |                                                                                                  | Victim's Name: _____<br>Marsy's Law rights have been provided to the victim _____ Victim would like to have their information protected _____ |                                                                                                                                                                               |                                             |                                                                                                        |               |                                 |  |





INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102671



NARRATIVE

On Thursday September 24th 2026, approximately 0930hrs, while in the area of MM 159 southbound I-95, Cpl. M. Baumann observed a red vehicle parked in the woods of the state owned median of I-95. Cpl. Baumann approached the vehicle and made contact with Jeffery Williams in the woods, who was holding a white bag and carrying a pair of plant pruners. Cpl. Baumann stated that Williams was in the process of cutting a stalk of berries from a saw palmetto tree when contact was made. It should be known that this area is known for illegal harvesting of the Florida saw palmetto berry. Cpl. Baumann advised me that when he made contact with Williams, he advised that they were harvesting berries. He stated that there were two other subjects with him. Williams was then detained.

Fellsmere PD Officer Dotson then walked due south of where Williams was located, and observed another subject in the wooded median. She made contact with him, who was later identified as Robert Gabbard. Gabbard was detained. Gabbard advised that the third subject should be harvesting berries just south of him.

I and other officers walked the wooded median area in search of the 3rd subject to no avail. The other two arrestees advised that the outstanding subjects name was Ray. IRCSSO Deputy Ryan Matthews deployed his drone but after a short time with no luck had to land it due to technical issues. FHP K9 Trooper Bannister arrived on scene and stated that he could deploy his K9 partner due to the felony charge. As I left the area of woods that the subject was suspected of being in, I made multiple attempts of yelling that "Ray" needed to come out and give up before a K9 was brought into the area. IRCSSO Deputy Ferrer and Trooper Bannister entered the wooded median with his K9 partner. They gave multiple clear loud verbal commands for Ray to come out of the woods. Eventually the K9 located an area of thick saw palmetto trees and began showing interest in it. Trooper Bannister stated that he gave multiple commands for Ray to come out of the thick vegetation and to put his hands up, to no avail. Eventually Ray was apprehended by Trooper Bannisters K9 partner. I assisted Deputy Ferrer and Trooper Bannister with placing hand restraints onto Ray. Ray advised me that he was sleeping and that's why he did not respond to the several verbal commands yelled at him. It should be known that the area Ray was apprehended consisted of several saw palmetto trees creating a canopy, but also an uneven ground surface. The limbs of a saw palmetto tree are lined with sharp "saw like" teeth, hence their name. Just walking through trails with these trees and brushing against them, will easily cut through human skin, as it did several of us today. It is highly unlikely that Ray was taking a nap in the middle of a cluster of these trees, especially with grassy shaded areas within feet of his location.

I read Gabbard Miranda from my agency issued card and he agreed to speak with me. Gabbard advised that he and the two others came to the area from Okeechobee before sunrise this morning and had been harvesting berries since. Gabbard advised me that he did not have permission to be on the property, nor did he have a harvesting permit from FDACS.

I read Williams Miranda from my agency issued card and he agreed to speak with me. Williams advised me that he and the others came to the area from Okeechobee early this morning to pick saw palmetto berries. Williams advised that he did not have a permit to harvest the berries, nor did he have permission to be on the property.

Howard was questioned by Deputy Zach Finnegan and post Miranda stated that he did not have permission to be on the property and he also did not have a harvesting permit from FDACS. He advised they arrived to the area in the early morning hours of today.

Throughout the woods where the 3 subjects were located were several large bags of freshly harvested saw palmetto berries, weighing approximately 350 pounds total.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2

*[Signature]* #5844

Sworn and Subscribed before me this 24 day of September, 2026

NOTARY/ ASA

*[Signature]* #6156

My commission expires

LEO

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102671



NARRATIVE (Continuation)

Around and inside the vehicle, which Gabbard advised me was his sisters they used to get here this morning, was several pairs of plant pruners, empty bags similar to those with the berries inside nearby, and headlamps and flashlights.

Probable cause exists for all 3 subjects for FSS 581.189(6)(c), illegally harvesting saw palmetto berries.

Probable cause also exists for Ray Howard, for FSS 843.02, resisting arrest without violence, due to not complying with the multiple commands he was given before K9 apprehension.

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Gage, Bobby AG2

*[Signature]* #5844

Sworn and Subscribed before me this 24 day of September, 2026

NOTARY/ ASA S. S. #6156

My comission expires LEO

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE



# ARREST AFFIDAVIT # 26-3288

|                                          |                                                                                                                                                                                                                                                                 |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------|---------------------------------------|------------------------------------------|----------------------------|
| <b>CASE INFORMATION</b>                  | CIRCUIT<br><b>19TH JUDICIAL CIRCUIT</b>                                                                                                                                                                                                                         |                                    | REPORTING AGENCY<br><b>SEBASTIAN POLICE DEPARTMENT</b>   |                                            |                                             |                                       | REPORT DATE<br><b>09/24/2026</b>         |                            |
|                                          | REPORTING AGENCY ORI #<br><b>FL0310200</b>                                                                                                                                                                                                                      |                                    | ARRESTING AGENCY ORI #<br><b>FL0310200</b>               |                                            | SUBMITTING AGENCY ORI #<br><b>FL0310200</b> |                                       | BOOKING AGENCY ORI #<br><b>FL0310000</b> |                            |
|                                          | AGENCY CASE #<br><b>26-1643</b>                                                                                                                                                                                                                                 |                                    | ARREST # OR COURT CASE #<br><b>FL0310200949991781643</b> |                                            | JUVENILE?<br><b>NO</b>                      |                                       | TYPE OF ARREST<br><b>ON-VIEW ARREST</b>  |                            |
|                                          | OBTS #<br><b>3101163155</b>                                                                                                                                                                                                                                     |                                    | EVIDENCE CONFISCATED                                     |                                            |                                             |                                       | EVIDENCE CONFISCATED DESCRIPTION         |                            |
| <b>LOCATION OF ARREST</b>                | <input type="checkbox"/> 1. FELONY <input type="checkbox"/> 2. TRAFFIC FELONY <input checked="" type="checkbox"/> 3. MISDEMEANOR <input type="checkbox"/> 4. TRAFFIC MISDEMEANOR <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER/CAPIAS |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
|                                          | <b>ARREST</b>                                                                                                                                                                                                                                                   |                                    | <b>BOOKING</b>                                           |                                            |                                             | <b>JAIL</b>                           |                                          |                            |
|                                          | DATE<br><b>09/24/2026</b>                                                                                                                                                                                                                                       | TIME<br><b>03:48 PM</b>            | DATE<br><b>09/24/2026</b>                                | TIME<br><b>04:48 PM</b>                    | DATE<br><b>09/24/2026</b>                   | TIME<br><b>04:48 PM</b>               |                                          |                            |
|                                          | AT BUSINESS?<br><b>NO</b>                                                                                                                                                                                                                                       |                                    | COMPANY NAME                                             |                                            |                                             |                                       |                                          |                            |
| <b>LOCATION OF OFFENSE</b>               | STREET #<br><b>182</b>                                                                                                                                                                                                                                          | PRE DIRECTION                      | STREET NAME<br><b>COLUMBIA</b>                           |                                            | POST DIRECTION                              | STREET CATEGORY CODE<br><b>AVENUE</b> |                                          | APT/UNIT #                 |
|                                          | CITY<br><b>SEBASTIAN</b>                                                                                                                                                                                                                                        | STATE<br><b>FL</b>                 | ZIP<br><b>32958</b>                                      | LATITUDE                                   |                                             | LONGITUDE                             |                                          |                            |
|                                          | AT BUSINESS?<br><b>NO</b>                                                                                                                                                                                                                                       |                                    | COMPANY NAME                                             |                                            |                                             |                                       |                                          |                            |
|                                          | STREET #<br><b>182</b>                                                                                                                                                                                                                                          | PRE DIRECTION                      | STREET NAME<br><b>COLUMBIA</b>                           |                                            | POST DIRECTION                              | STREET CATEGORY CODE<br><b>AVENUE</b> |                                          | APT/UNIT #                 |
| <b>ARRESTEE</b>                          | PERSON #<br><b>1</b>                                                                                                                                                                                                                                            | COARRESTEE STATUS                  | JUVENILE?<br><b>NO</b>                                   | PARENTS CONTACTED?                         | RELATIONSHIP TO SUBJECT                     |                                       | NTA ?<br><b>NO</b>                       |                            |
|                                          | BUSINESS/GOVERNMENT NAME                                                                                                                                                                                                                                        |                                    |                                                          | VICTIM TO SUBJECT RELATIONSHIP             |                                             |                                       |                                          |                            |
|                                          | FIRST NAME<br><b>RENEE</b>                                                                                                                                                                                                                                      |                                    | MIDDLE NAME<br><b>CAROL</b>                              | LAST NAME<br><b>TAIGJOHNSTON</b>           |                                             | SUFFIX                                | DATE OF BIRTH<br><b>7/27/1962</b>        | AGE<br><b>64</b>           |
|                                          | GENDER<br><b>F</b>                                                                                                                                                                                                                                              | HEIGHT<br><b>5'07"</b>             | RACE<br><b>W</b>                                         | ETHNICITY<br><b>NOT HISPANIC OR LATINO</b> |                                             | ALIAS / MAIDEN                        | ALT NAME DESC.<br><b>NA</b>              | COMPLEXION<br><b>FAIR</b>  |
|                                          | BUILD<br><b>HEAVY</b>                                                                                                                                                                                                                                           |                                    | WEIGHT<br><b>180 LBS</b>                                 | EYE COLOR<br><b>BLU</b>                    | HAIR COLOR<br><b>BLN</b>                    | PHYSICAL FEATURE                      |                                          |                            |
|                                          | SCARS/MARKS/TATOOS (LOCATION / DESCRIBE)                                                                                                                                                                                                                        |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
|                                          | DUI INDICATOR<br><b>UNKNOWN</b>                                                                                                                                                                                                                                 |                                    | SPEAKS ENGLISH?<br><b>YES</b>                            | THREAT?<br><b>NO</b>                       | PROBATION?<br><b>NO</b>                     | GANG AFF?<br><b>NO</b>                | SEX OFFENDER?<br><b>NO</b>               | MENTAL HEALTH<br><b>NO</b> |
|                                          | HOMELESS?<br><b>NO</b>                                                                                                                                                                                                                                          |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
|                                          | <b>IDENTIFICATION</b>                                                                                                                                                                                                                                           |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
|                                          | DRIVER LICENSE #<br><b>T252723627670</b>                                                                                                                                                                                                                        |                                    | DL STATE<br><b>FL</b>                                    | DL CLASS<br><b>E</b>                       | PLACE OF BIRTH<br><b>US Detroit MI</b>      | COUNTRY OF CITIZENSHIP<br><b>US</b>   |                                          |                            |
| SOC. SEC. #                              | INS #                                                                                                                                                                                                                                                           | FBI #                              | FCIC/NCIC #                                              | BOOKING #<br><b>26-3288</b>                | SPN #                                       | DOC #                                 | OTHER ID #                               |                            |
| <b>PERMANENT ADDRESS</b>                 |                                                                                                                                                                                                                                                                 |                                    |                                                          |                                            |                                             |                                       |                                          |                            |
| STREET #<br><b>182</b>                   |                                                                                                                                                                                                                                                                 | STREET NAME<br><b>COLUMBIA AVE</b> |                                                          |                                            |                                             | STREET CATEGORY CODE<br><b>AVENUE</b> |                                          | APT/UNIT #                 |
| CITY<br><b>SEBASTIAN</b>                 |                                                                                                                                                                                                                                                                 | STATE<br><b>FL</b>                 | ZIP CODE<br><b>32958</b>                                 | ADDRESS SOURCE<br><b>DL</b>                |                                             |                                       |                                          |                            |
| PERSON RESIDENCE CODE<br><b>RESIDENT</b> |                                                                                                                                                                                                                                                                 |                                    | PHONE #                                                  |                                            | E-MAIL                                      |                                       |                                          |                            |

|                                                |                                          |                   |                    |                                |                         |                   |               |
|------------------------------------------------|------------------------------------------|-------------------|--------------------|--------------------------------|-------------------------|-------------------|---------------|
| <b>CHARGE INFORMATION</b>                      | CHARGE #                                 | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE               | INCIDENT START DATE     | INCIDENT END DATE |               |
|                                                | 1                                        | 2                 | 09/24/2026         | 09/24/2026                     | 09/24/2026              | 09/24/2026        |               |
|                                                | JUVENILE REFERRAL                        |                   |                    |                                |                         |                   |               |
|                                                | CHARGE TYPE                              | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE                  | STATUTE CATEGORY        |                   |               |
| FSS                                            | MISDEMEANOR                              |                   | 828.12(1)          | ANIMAL CRUELTY                 |                         |                   |               |
| STATUTE DESCRIPTION                            |                                          |                   |                    | COUNTS                         | INCREASED PENALTY       | DOMESTIC VIOLENCE |               |
| TORMENT/DEPRIVE/MUTILATE/KILL ANY ANIMAL       |                                          |                   |                    | 2                              |                         | NO                |               |
| DRUG ACTIVITY                                  | DRUG TYPE                                | DRUG AMOUNT       | BAIL BOND TYPE     | BOND DATE                      | BOND AMOUNT             | WARRANT #         |               |
|                                                |                                          |                   | CASH               | 09/24/2026                     | \$2,000.00              | 120261577         |               |
| <b>CHARGE INFORMATION</b>                      | CHARGE #                                 | VICTIM PERSON #   | OFFENSE START DATE | OFFENSE END DATE               | INCIDENT START DATE     | INCIDENT END DATE |               |
|                                                | 2                                        | 2                 | 09/24/2026         | 09/24/2026                     | 09/24/2026              | 09/24/2026        |               |
|                                                | JUVENILE REFERRAL                        |                   |                    |                                |                         |                   |               |
|                                                | CHARGE TYPE                              | CHARGE SEVERITY   | ORDINANCE #        | STATE STATUTE                  | STATUTE CATEGORY        |                   |               |
| FSS                                            | MISDEMEANOR                              |                   | 828.13(2A)         | CONSERVATION-ANIMALS           |                         |                   |               |
| STATUTE DESCRIPTION                            |                                          |                   |                    | COUNTS                         | INCREASED PENALTY       | DOMESTIC VIOLENCE |               |
| IMPOUND CONFIN ANIMAL WO SUFFICIENT FOOD WATER |                                          |                   |                    | 2                              |                         | NO                |               |
| DRUG ACTIVITY                                  | DRUG TYPE                                | DRUG AMOUNT       | BAIL BOND TYPE     | BOND DATE                      | BOND AMOUNT             | WARRANT #         |               |
|                                                |                                          |                   | CASH               | 09/24/2026                     | \$2,000.00              | 120261577         |               |
| <b>VICTIM LOCAL GOVERNMENT</b>                 | PERSON #                                 | COARRESTEE STATUS | JUVENILE?          | PARENTS CONTACTED?             | RELATIONSHIP TO SUBJECT | NTA ?             |               |
|                                                | 2                                        |                   |                    |                                |                         |                   |               |
|                                                | BUSINESS/GOVERNMENT NAME                 |                   |                    | VICTIM TO SUBJECT RELATIONSHIP |                         |                   |               |
|                                                | STATE OF FLORIDA                         |                   |                    |                                |                         |                   |               |
|                                                | FIRST NAME                               | MIDDLE NAME       | LAST NAME          |                                | SUFFIX                  | DATE OF BIRTH     | AGE           |
|                                                |                                          |                   |                    |                                |                         |                   |               |
|                                                | GENDER                                   | HEIGHT            | RACE               | ETHNICITY                      | ALIAS / MAIDEN          | ALT NAME DESC.    | COMPLEXION    |
|                                                |                                          |                   |                    |                                |                         | NA                |               |
|                                                | BUILD                                    | WEIGHT            | EYE COLOR          | HAIR COLOR                     | PHYSICAL FEATURE        |                   |               |
|                                                |                                          |                   |                    |                                |                         |                   |               |
|                                                | SCARS/MARKS/TATOOS (LOCATION / DESCRIBE) |                   |                    |                                |                         |                   |               |
|                                                |                                          |                   |                    |                                |                         |                   |               |
|                                                | DUI INDICATOR                            | SPEAKS ENGLISH?   | THREAT?            | PROBATION?                     | GANG AFF?               | SEX OFFENDER?     | MENTAL HEALTH |
|                                                |                                          |                   |                    |                                |                         |                   | HOMELESS?     |
| <b>IDENTIFICATION</b>                          |                                          |                   |                    |                                |                         |                   |               |
| DRIVER LICENSE #                               |                                          | DL STATE          | DL CLASS           | PLACE OF BIRTH                 | COUNTRY OF CITIZENSHIP  |                   |               |
|                                                |                                          |                   |                    |                                |                         |                   |               |
| SOC. SEC. #                                    | INS #                                    | FBI #             | FCIC/NCIC #        | BOOKING #                      | SPN #                   | DOC #             |               |
|                                                |                                          |                   |                    |                                |                         | OTHER ID #        |               |
| <b>PERMANENT ADDRESS</b>                       |                                          |                   |                    |                                |                         |                   |               |
| STREET #                                       | STREET NAME                              |                   |                    | STREET CATEGORY CODE           | APT/UNIT #              |                   |               |
| 1201                                           | MAIN                                     |                   |                    | STREET                         |                         |                   |               |
| CITY                                           | STATE                                    | ZIP CODE          | ADDRESS SOURCE     |                                |                         |                   |               |
| SEBASTIAN                                      | FL                                       |                   |                    |                                |                         |                   |               |
| PERSON RESIDENCE CODE                          |                                          |                   | PHONE #            | E-MAIL                         |                         |                   |               |
|                                                |                                          |                   | (772) 589-5233     |                                |                         |                   |               |





The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:  
 On **09/24/2026**, at **16:39** (Specifically include facts constituting cause for arrest.)

On **September 24, 2026**, at approximately **1534** hours, I conducted a warrant service at **182 Columbia Avenue, Sebastian, Florida 32958**.

Contact was made at the front door with Renee Taig Johnston and she was placed into handcuffs which were double locked and checked for fit. Renee's warrant from Indian River County Sheriff's Office was confirmed and Renee was transported to the IRC Jail without incident. The charges for Renee are 2x cruelty to animal and 2x unlawful confinement of animal. Renee was identified by her Florida License photo and prior encounter with Renee.

Warrant #: 120261577

NIC #: W885858962

This incident is cleared by arrest.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                     |                            |                                            |                                    |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|------------------------------------|---------------------------------------|
| ENFORCEMENT OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST NAME<br><b>B</b>                                                                                                                                                              | LAST NAME<br><b>KEISER</b> | BADGE #                                    | RANK<br><b>OFFICER</b>             | SIGNATURE METHOD<br><b>ELECTRONIC</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I SWEAR/AFFIRM THE ABOVE ATTACHED STATEMENTS ARE TRUE AND CORRECT ON<br><b>09/24/2026</b> at <b>16:38</b>                                                                           |                            |                                            | OFFICER SIGNATURE<br>              |                                       |
| AFFIRMING OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                | AFFIRMING OFFICIAL NAME<br><b>B RUDOLPH</b>                                                                                                                                         | BADGE #<br><b>5724</b>     | AFFIRMING AGENCY ORI #<br><b>FL0310000</b> | SIGNATURE METHOD<br><b>DIGITAL</b> | AFFIRMING OFFICIAL SIGNATURE<br>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SUBSCRIBED AND AFFIRMED TO BEFORE ME ON <b>09/24/202</b> AT <b>16:39</b> BY _____<br>WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION. ____LEO/CO (FSS 117.10) |                            |                                            |                                    |                                       |
| P.C. Exists for Charge(s): <input type="checkbox"/> YES <input type="checkbox"/> NO _____<br>_____ Judge's Signature _____ Date _____                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                     |                            |                                            |                                    |                                       |
| 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 SHALL BE ISSUED. SIGNING THIS NOTICE TO APPEAR IS NOT AN ADMISSION OF GUILT. YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE INFORMATION LISTED HEREON. |                                                                                                                                                                                     |                            |                                            |                                    |                                       |
| DEFENDANT THUMB PRINT                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                     |                            | DEFENDANT/JUVENILE SIGNATURE               | PARENT/GUARDIAN SIGNATURE          |                                       |

|                            |                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| ADMINISTRATIVE             |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br>ARREST AFFIDAVIT<br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                                                                                   |                                |                                                                                                                                                                        |                                                                                                                                                                 | Case Report # <b>2026-00102890</b> Booking # <b>26-3289</b>                                                              |                                                                                                                                                                               |                                                                                                                   |  |
|                            | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit                                                                                                                |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Court Case # <b>2017DR5250</b> OBTS # <b>3101163158</b>                                                                                                                                                                                                                                                                          |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Victim <input type="checkbox"/> Domestic Violence Weapons / Seized                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
| Defendant Adult / Juvenile | Charge Type, check <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br>as many as apply <input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other                                                    |                                |                                                                                                                                                                        |                                                                                                                                                                 | Location of Offense<br><b>646 21ST STREET<br/>VERO BEACH FL 32962</b>                                                    |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Location of Arrest<br><b>646 21ST STREET<br/>VERO BEACH, FL 32962</b>                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                        |                                                                                                                                                                 | Fingerprinted By <br><i>Toussaint</i> |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Date of Arrest<br><b>09/24/2026</b>                                                                                                                                                                                                                                                                                              | Time of Arrest<br><b>17:53</b> | Date of Offense<br><b>08/27/2026</b>                                                                                                                                   | Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal                                      |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Name<br><b>Adult - LOCKWOOD, DANIEL WILLIAM</b>                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                        |                                                                                                                                                                 | Alias                                                                                                                    |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Race<br><b>White</b>                                                                                                                                                                                                                                                                                                             | Sex<br><b>Male</b>             | Height<br><b>5' 6"</b>                                                                                                                                                 | Weight<br><b>170</b>                                                                                                                                            | Eye Color<br><b>BLU</b>                                                                                                  | Hair Color<br><b>BRO</b>                                                                                                                                                      | Email Address                                                                                                     |  |
|                            | Scars, Marks, Tattoos                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                        |                                                                                                                                                                 | School Child Attends                                                                                                     |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Local Address (street, Apt. Number)<br><b>646 21ST SW STREET VERO BEACH, FL 32962</b>                                                                                                                                                                                                                                            |                                |                                                                                                                                                                        |                                                                                                                                                                 | Phone                                                                                                                    |                                                                                                                                                                               | Veteran<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                       |  |
|                            | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                                                                                   |                                |                                                                                                                                                                        |                                                                                                                                                                 | Phone                                                                                                                    |                                                                                                                                                                               | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |  |
|                            | Driver's License Number / State<br><b>L230179740645 / FL</b>                                                                                                                                                                                                                                                                     |                                | Social Security Number<br>[REDACTED]                                                                                                                                   | DOB<br><b>02/24/1974</b>                                                                                                                                        | Place Of Birth<br><b>FL - FLORIDA - Gainesville</b>                                                                      | Citizen<br><b>Y</b>                                                                                                                                                           | Occupation<br><b>Unknown</b>                                                                                      |  |
|                            | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                                                                                  |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
| Co Def                     | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |                                | Race                                                                                                                                                                   | Sex                                                                                                                                                             | Date of Birth or Age                                                                                                     | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                                                                                                   |  |
|                            | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |                                | Race                                                                                                                                                                   | Sex                                                                                                                                                             | Date of Birth or Age                                                                                                     | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |                                                                                                                   |  |
| CHARGE                     | Charge Description<br><b>COC Civil (NON-CRIMINAL)</b>                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                        |                                                                                                                                                                 | Counts<br><b>1</b>                                                                                                       | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                                                                        | Statute/Ordinance #<br><b>38.22</b>                                                                               |  |
|                            | Citation #                                                                                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                        |                                                                                                                                                                 | Bond Amount<br><b>240</b>                                                                                                | Court Case #<br><b>2017DR5250</b>                                                                                                                                             |                                                                                                                   |  |
|                            | <input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
| CHARGE                     | Charge Description<br><b>OUT OF COUNTY</b>                                                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                        |                                                                                                                                                                 | Counts                                                                                                                   | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.                                                                                                                   | Statute/Ordinance #                                                                                               |  |
|                            | Citation #                                                                                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                        |                                                                                                                                                                 | Bond Amount                                                                                                              | Court Case #                                                                                                                                                                  |                                                                                                                   |  |
|                            | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
| JCC NOT OFFERED            | Reasoning                                                                                                                                                                                                                                                                                                                        |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|                            | Comments                                                                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
| ADMINISTRATIVE             | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                                                                                          |                                |                                                                                                                                                                        |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |
|                            | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                                                                             |                                |                                                                                                                                                                        | Sworn to and subscribed before me, the undersigned                                                                                                              |                                                                                                                          | Receiving Deputy (Print)<br><b>L. SH11</b>                                                                                                                                    |                                                                                                                   |  |
|                            | Officer's / Complainant's Signature  #6403                                                                                                                                                                                                    |                                |                                                                                                                                                                        | Authority this <b>24</b> day of <b>September</b> , 20 <b>26</b>                                                                                                 |                                                                                                                          | Received Date / Time<br><b>9-24-26 19:44</b>                                                                                                                                  |                                                                                                                   |  |
|                            | ID. No. / Dist.<br><b>6403</b>                                                                                                                                                                                                                                                                                                   |                                |                                                                                                                                                                        | Signature <br>Print or Type Name <b>L. SH11</b>                              |                                                                                                                          | Receiving Deputy (Signature)<br>                                                         |                                                                                                                   |  |
|                            | Name (Printed)<br><b>Finkle, Nicholas A827</b>                                                                                                                                                                                                                                                                                   |                                |                                                                                                                                                                        | Notary / Law Enforcement Officer in Performance of Official Duties<br><input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced |                                                                                                                          | Employee ID #<br><b>656</b>                                                                                                                                                   |                                                                                                                   |  |
|                            | Marsy's Law Information                                                                                                                                                                                                                                                                                                          |                                | Victim's Name: <b>BREVARD COUNTY FL</b><br>Marsy's Law rights have been provided to the victim <b>N</b> Victim would like to have their information protected <b>N</b> |                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                               |                                                                                                                   |  |



**INDIAN RIVER COUNTY SHERIFF'S OFFICE****ARREST AFFIDAVIT**4055 41st Ave  
Vero Beach, Florida 32960**Arrest Affidavit Report**

Case Report # 2026-00102890

**NARRATIVE**

On Thursday, September 24<sup>th</sup> 2026 at approximately 1830hrs, I Deputy Finkle responded to 646 21<sup>st</sup> St SW in Vero Beach FL for a search.

I was dispatched to the above address to attempt to locate Daniel Lockwood who had an active warrant through Brevard County FL. I ran his information through FCIC/NCIC and affirmed the active warrant as well as observe his photograph.

Once at the residence, I made contact with Daniel at the front door I recognized from his photo and confirmed his social security number verbally. I detained him in wrist restraints and notified Public Safety Dispatch to send the HIT confirmation to Brevard. I was then notified by Dispatch that Brevard County confirmed the HIT at which time I informed Daniel he was under arrest.

I transported him to the Jail where he was turned over to Jail staff.

Case status- Cleared by arrest/closed

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

CA #6403

Finkle, Nicholas A827

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

24 day of September, 2026

S. Sil #6156

LEO

|                                         |                                                                                                                                                                                                                                                                       |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ADMINISTRATIVE                          |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br>ARREST AFFIDAVIT<br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                        |                         |                                      |                                                                                                                               | Case Report # 2026-00102925 Booking # 26-3290                     |                                                                                 |                                                                                                                                                                         |  |
|                                         | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit                                                     |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
|                                         | Charge Type, check as many as apply<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br><input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other |                         |                                      |                                                                                                                               | Court Case # OBTS # 3101163158                                    |                                                                                 |                                                                                                                                                                         |  |
|                                         | Location of Arrest<br>800 8TH STREET<br>VERO BEACH, FL 32962                                                                                                                                                                                                          |                         |                                      |                                                                                                                               | Location of Offense<br>900 OLD DIXIE HIGHWAY<br>VERO BEACH 32962- |                                                                                 |                                                                                                                                                                         |  |
| Defendant Adult / Juvenile              | Date of Arrest<br>09/24/2026                                                                                                                                                                                                                                          | Time of Arrest<br>20:18 | Date of Offense<br>09/24/2026        | Fingerprinted<br><input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |                                                                   | Fingerprinted By<br>CAZARES                                                     |                                                                                                                                                                         |  |
|                                         | Name<br>Adult - POLLARD, EDWARD JOHN                                                                                                                                                                                                                                  |                         |                                      |                                                                                                                               | Alias                                                             |                                                                                 |                                                                                                                                                                         |  |
|                                         | Race<br>White                                                                                                                                                                                                                                                         | Sex<br>Male             | Height<br>6' 2"                      | Weight                                                                                                                        | Eye Color<br>BLU                                                  | Hair Color<br>BRO                                                               | Email Address                                                                                                                                                           |  |
|                                         | Scars, Marks, Tattoos                                                                                                                                                                                                                                                 |                         |                                      |                                                                                                                               | School Child Attends                                              |                                                                                 |                                                                                                                                                                         |  |
| Co Def                                  | Local Address (street, Apt. Number)<br>603 5th SW STREET VERO BEACH, FL 32962-                                                                                                                                                                                        |                         |                                      |                                                                                                                               | Phone                                                             |                                                                                 | Veteran<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                             |  |
|                                         | Permanent Address or Parent's Name of Juvenile                                                                                                                                                                                                                        |                         |                                      |                                                                                                                               | Phone                                                             |                                                                                 | Parent Contacted<br>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>                                                                  |  |
|                                         | Driver's License Number / State<br>P216964993000 / FL                                                                                                                                                                                                                 |                         | Social Security Number<br>[REDACTED] | DOB<br>02/27/1982                                                                                                             | Place Of Birth<br>MA - MASSACHUSETTS                              | Citizen<br>Y                                                                    | Occupation<br>Unemployed                                                                                                                                                |  |
|                                         | * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies.                                                                                                                       |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
| CHARGE                                  | Charge Description<br>DWLSR OR REVOCATION EQUIV STATUS                                                                                                                                                                                                                |                         |                                      |                                                                                                                               | Counts<br>1                                                       | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.          | Statute/Ordinance #<br>322.34.10b1[7161]                                                                                                                                |  |
|                                         | Citation #<br>ANHBDME                                                                                                                                                                                                                                                 |                         |                                      |                                                                                                                               | Bond Amount<br>\$150.00                                           |                                                                                 | Court Case #                                                                                                                                                            |  |
|                                         | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj.                                              |                         |                                      |                                                                                                                               | <input type="checkbox"/> Writ Att.                                | <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |                                                                                                                                                                         |  |
|                                         |                                                                                                                                                                                                                                                                       |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
| CHARGE                                  | Charge Description<br>FAIL TO HAVE MTR VEH LIABILITY INSURANCE                                                                                                                                                                                                        |                         |                                      |                                                                                                                               | Counts<br>1                                                       | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord.                     | Statute/Ordinance #<br>324.022[87001]                                                                                                                                   |  |
|                                         | Citation #<br>ANHBDNE                                                                                                                                                                                                                                                 |                         |                                      |                                                                                                                               | Bond Amount<br>\$150.00                                           |                                                                                 | Court Case #                                                                                                                                                            |  |
|                                         | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj.                                              |                         |                                      |                                                                                                                               | <input type="checkbox"/> Writ Att.                                | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |                                                                                                                                                                         |  |
|                                         |                                                                                                                                                                                                                                                                       |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
| JCC NOT OFFERED                         | Reasoning                                                                                                                                                                                                                                                             |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
|                                         | Comments                                                                                                                                                                                                                                                              |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
| ADMINISTRATIVE                          | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                                                                                                                                                               |                         |                                      |                                                                                                                               |                                                                   |                                                                                 |                                                                                                                                                                         |  |
|                                         | The preceding is true to the best of my present knowledge or belief.                                                                                                                                                                                                  |                         |                                      |                                                                                                                               | Sworn to and subscribed before me, the undersigned                |                                                                                 | BOOKING USE ONLY<br>Receiving Deputy (Print)<br>NCAZARES<br>Received Date / Time<br>9-24-26 2220<br>Receiving Deputy (Signature)<br>[Signature]<br>Employee ID #<br>082 |  |
|                                         | Officer's / Complainant's Signature<br>[Signature]                                                                                                                                                                                                                    |                         |                                      |                                                                                                                               | Authority this 24 day of September 2026                           |                                                                                 |                                                                                                                                                                         |  |
|                                         | ID. No. / Dist.<br>6321                                                                                                                                                                                                                                               |                         |                                      |                                                                                                                               | Signature<br>[Signature]                                          |                                                                                 |                                                                                                                                                                         |  |
| Name (Printed)<br>Ciofalo, Michael A721 |                                                                                                                                                                                                                                                                       |                         |                                      | Print or Type Name<br>NCAZARES                                                                                                |                                                                   |                                                                                 |                                                                                                                                                                         |  |
| Marsy's Law Information                 |                                                                                                                                                                                                                                                                       |                         |                                      | Victim's Name: STATE OF FL                                                                                                    |                                                                   |                                                                                 |                                                                                                                                                                         |  |
|                                         |                                                                                                                                                                                                                                                                       |                         |                                      | Marsy's Law rights have been provided to the victim N                                                                         |                                                                   | Victim would like to have their information protected N                         |                                                                                                                                                                         |  |





INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960



Arrest Affidavit Report

Case Report # 2026-00102925

ADDITIONAL CHARGES

|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------------------|
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        | ATTACH REGISTRATION LICENSE PLATE NOT ASSIGNED                                                                                                                                                                                                                                                                                   | 1           | <input type="checkbox"/> Ord. | 320.261[452]        |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  | \$150.00    |                               |                     |
|        | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                               | Counts      | <input type="checkbox"/> F.S. | Statute/Ordinance # |
|        |                                                                                                                                                                                                                                                                                                                                  |             | <input type="checkbox"/> Ord. |                     |
|        | Citation #                                                                                                                                                                                                                                                                                                                       | Bond Amount | Court Case #                  |                     |
|        |                                                                                                                                                                                                                                                                                                                                  |             |                               |                     |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony            |             |                               |                     |

REPORTING OFFICER & ID #  
Ciofalo, Michael A721



**INDIAN RIVER COUNTY SHERIFF'S OFFICE**

ARREST AFFIDAVIT

4055 41st Ave  
Vero Beach, Florida 32960**Arrest Affidavit Report**Case Report # **2026-00102925****NARRATIVE**

On September 24<sup>th</sup>, 2026 at approximately 2018 hours, I was driving south in my agency vehicle, in the 900 block of Old Dixie Highway, Vero Beach. I observed a red SUV, later identified as a red Honda SUV bearing FL 21GPX. I observed the Honda driving eastbound on 9<sup>th</sup> St, where it rapidly approached a stop sign, which the roadway was marked with a white stop bar. I noted the Honda passed the white stop bar entirely due to its speed, and came to an abrupt stop. This caused me to quickly step on my breaks due to my belief the drive was going to run the stop sign.

Due to the failure to stop for the stop sign, I conducted a traffic stop in the 800 block of 8<sup>th</sup> St. The driver was identified as Edward Pollard. I asked Edward for his license, registration, and insurance, which he stated he had none of the requested items. Edward explained he did not have a licensee due to failing to pay child support.

Edward's Florida ID was radioed into IRCSO Dispatch. This resulted in him having a warrant out of Broward County warrant number 16010001 on Edward Pollard (cash purge \$1795.00). Edward was detained pursuant this warrant, where he was handcuffed (double locked/checked for fit) and secured in the rear of my agency vehicle. Channel 2 sent of a hit confirmation, which Broward advised they would extradite. Due to this, Edward was placed under arrest.

Ultimately, the passenger in the vehicle was identified, and did not have a license. However, a male party arrived on scene, who was properly licensed, and moved the vehicle to a private lot nearby.

Upon arrival to IRCSO Jail, I reviewed the registration plate which was affixed to the Honda. The registration resulted in being canceled on a 2006 Ford pick-up truck (VIN: 1FTYR44U96PA66138). I did not notice this until arrival at the Jail. Upon this discovery, I read Edward his Miranda rights. I asked if he knew the registration plate on the Honda was attached and did not belong on the vehicle, which he stated yes. Edward also explained the vehicle was properly registered and insured at one point, however, due to a divorce the vehicle is not insured or registered. Edward explained he was living at 603 5<sup>th</sup> St. SW, Vero Beach, and believed the Honda was driven back to this location.

Per my request Deputy A. Consalo went to 603 5<sup>th</sup> St. SW., where he observed the Honda on the property. As such, Deputy Consalo identified the Honda's VIN as JHLRE48558C012450. A query through DAVID resulted in no active registration and or insurance. Deputy Consalo would seize the tag attached, which was identified as FL 21GPX. This was submitted to IRCSO.

While at the jail, Edward was issued the following citations: ANHBDME (knowingly DWLSR), ANHBDNE (fail to maintain insurance), ANHBUDE (attaching tag not assigned), and ANHBUEE

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

**Ciofalo, Michael A721**

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency INDIAN RIVER COUNTY SHERIFF'S OFFICE

24 day of September

LEO



**INDIAN RIVER COUNTY SHERIFF'S OFFICE**

ARREST AFFIDAVIT

4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102925

**NARRATIVE (Continuation)**

(expired registration more than 6 months).

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Ciofalo, Michael A721

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

24 day of September

LEO

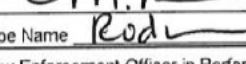
POB. Baltimore, MD.

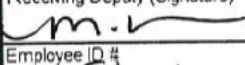
|                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                      |                                |                          |                                                                                 |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|--------------------------|---------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ADMINISTRATIVE<br>Defendant Adult / Juvenile                                                                                                    |  <b>INDIAN RIVER COUNTY SHERIFF'S OFFICE</b><br><b>ARREST AFFIDAVIT</b><br>4055 41st Ave<br>Vero Beach, Florida 32960                                                                        |                                      |                                |                          | Case Report # 2026-00102923 Booking # 26-3291                                   |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | <input checked="" type="checkbox"/> Arrest Affidavit <input type="checkbox"/> Juvenile Arrest Affidavit<br><input type="checkbox"/> Juvenile Civil Citation <input type="checkbox"/> Juvenile Complaint Affidavit                                                             |                                      |                                |                          | Court Case # OBTS # 3101163156                                                  |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Charge Type, check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance<br>as many as apply <input type="checkbox"/> Traffic Felony <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other |                                      |                                |                          | Victim <input type="checkbox"/> Domestic Violence Weapons / Seized              |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Location of Arrest<br><b>3000 45TH STREET<br/>         VERO BEACH, FL 32967</b>                                                                                                                                                                                               |                                      |                                |                          | Location of Offense<br><b>3000 45TH STREET<br/>         VERO BEACH FL 32967</b> |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Date of Arrest<br><b>09/24/2026</b>                                                                                                                                                                                                                                           |                                      | Time of Arrest<br><b>20:13</b> |                          | Date of Offense<br><b>09/24/2026</b>                                            |                                        | Fingerprinted By<br><b>Rodriguez.</b> |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Name<br><b>Adult - BROWN, AREMIS RENE</b>                                                                                                                                                                                                                                     |                                      |                                |                          | Alias                                                                           |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Race<br><b>Black</b>                                                                                                                                                                                                                                                          |                                      | Sex<br><b>Male</b>             |                          | Height<br><b>6' 4"</b>                                                          |                                        | Weight<br><b>180</b>                  |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Eye Color<br><b>BRO</b>                                                                                                                                                                                                                                                       |                                      | Hair Color<br><b>BLK</b>       |                          | Email Address                                                                   |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Scars, Marks, Tattoos                                                                                                                                                                                                                                                         |                                      |                                |                          | School Child Attends                                                            |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
|                                                                                                                                                 | Local Address (street, Apt. Number)<br><b>4696 33RD AVENUE VERO BEACH, FL 32967</b>                                                                                                                                                                                           |                                      |                                |                          |                                                                                 |                                        | Phone                                 |                                                                                                                                 | Veteran<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                                                                                                               |  |
| Permanent Address or Parent's Name of Juvenile                                                                                                  |                                                                                                                                                                                                                                                                               |                                      |                                |                          |                                                                                 | Phone                                  |                                       | Parent Contacted<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |                                                                             |                                                                                                                                                                               |  |
| Driver's License Number / State<br><b>B241827774000 / FL</b>                                                                                    |                                                                                                                                                                                                                                                                               | Social Security Number<br>[REDACTED] |                                | DOB<br><b>01/10/1988</b> |                                                                                 | Place Of Birth<br><b>MO - MISSOURI</b> |                                       | Citizen<br><b>Y</b>                                                                                                             |                                                                             | Occupation<br><b>Unemployed</b>                                                                                                                                               |  |
| * Collection of social security number from an arrested individual is to verify identity and may be shared with other law enforcement agencies. |                                                                                                                                                                                                                                                                               |                                      |                                |                          |                                                                                 |                                        |                                       |                                                                                                                                 |                                                                             |                                                                                                                                                                               |  |
| Co Def                                                                                                                                          | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                       |                                      |                                | Race                     |                                                                                 | Sex                                    |                                       | Date of Birth or Age                                                                                                            |                                                                             | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |  |
|                                                                                                                                                 | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                       |                                      |                                | Race                     |                                                                                 | Sex                                    |                                       | Date of Birth or Age                                                                                                            |                                                                             | <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> At Large <input type="checkbox"/> Juvenile |  |

|        |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                               |  |                                                                                         |  |                     |  |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------|--|
| CHARGE | Charge Description<br><b>POSS CONTROLLED SUBSTANCE</b>                                                                                                                                                                                                                                                                                      |  |  |  | Counts<br><b>1</b>            |  | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.<br><b>893.13</b> |  | Statute/Ordinance # |  |
|        | Citation #<br><b>ANHBTLE</b>                                                                                                                                                                                                                                                                                                                |  |  |  | Bond Amount<br><b>NO BOND</b> |  |                                                                                         |  | Court Case #        |  |
|        | <input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony |  |  |  |                               |  |                                                                                         |  |                     |  |

|        |                                                                                                                                                                                                                                                                                                                       |  |  |  |             |  |                                                             |  |                     |  |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------|--|-------------------------------------------------------------|--|---------------------|--|
| CHARGE | Charge Description                                                                                                                                                                                                                                                                                                    |  |  |  | Counts      |  | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. |  | Statute/Ordinance # |  |
|        | Citation #                                                                                                                                                                                                                                                                                                            |  |  |  | Bond Amount |  |                                                             |  | Court Case #        |  |
|        | <input type="checkbox"/> PC <input type="checkbox"/> Capias/Warrant <input type="checkbox"/> BW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation <input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Writ Att. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony |  |  |  |             |  |                                                             |  |                     |  |

|                 |           |  |  |  |  |  |  |  |  |  |
|-----------------|-----------|--|--|--|--|--|--|--|--|--|
| JCC NOT OFFERED | Reasoning |  |  |  |  |  |  |  |  |  |
|                 | Comments  |  |  |  |  |  |  |  |  |  |

|                |                                                                                                                            |  |  |  |  |                                                                                                   |  |  |  |  |
|----------------|----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------------------------------|--|--|--|--|
| ADMINISTRATIVE | Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:                                    |  |  |  |  |                                                                                                   |  |  |  |  |
|                | The preceding is true to the best of my present knowledge or belief.                                                       |  |  |  |  | Sworn to and subscribed before me, the undersigned                                                |  |  |  |  |
|                | Officer's / Complainant's Signature<br> |  |  |  |  | Authority this <u>24</u> day of <u>Sept</u> , 20 <u>26</u>                                        |  |  |  |  |
|                | ID. No. / Dist.<br><b>6404</b>                                                                                             |  |  |  |  | Signature<br> |  |  |  |  |
|                | Name (Printed)<br><b>McPeck, Jesse A826</b>                                                                                |  |  |  |  | Print or Type Name<br><b>Rodriguez</b>                                                            |  |  |  |  |
|                | Marsy's Law Information                                                                                                    |  |  |  |  | Notary / Law Enforcement Officer in Performance of Official Duties                                |  |  |  |  |
|                | Victim's Name: <b>STATE OF FLORIDA</b>                                                                                     |  |  |  |  | <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> ID Produced         |  |  |  |  |
|                | Marsy's Law rights have been provided to the victim <u>N</u>                                                               |  |  |  |  | Victim would like to have their information protected <u>N</u>                                    |  |  |  |  |

|                  |                                                                                                                       |  |
|------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| BOOKING USE ONLY | Receiving Deputy (Print)<br><b>Rodriguez</b>                                                                          |  |
|                  | Received Date / Time<br><b>9/24/26 2214</b>                                                                           |  |
|                  | Receiving Deputy (Signature)<br> |  |
|                  | Employee ID #<br><b>5601</b>                                                                                          |  |





INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

## Arrest Affidavit Report

Case Report # 2026-00102923



### NARRATIVE

On Thursday, September 24, 2026, at approximately 2013 hours, I was patrolling in the area of 43<sup>rd</sup> street and 25<sup>th</sup> avenue, Vero Beach, FL, 32967, when I observed a silver Buick bearing FL registration of XLU284 driving on the wrong side of the road on 25<sup>th</sup> avenue. I got behind the vehicle and activated my emergency equipment and conducted a traffic stop in the area of 30th avenue and 45th street. I conducted a passenger side approach but stopped at the back passenger window due to the excessive window tint and not being able to see in the back seat. The back seat passenger later identified as Aremis Rene Brown displayed his identification card against the window. I asked the driver to roll the windows down and she complied.

I advised her the reason for the stop and asked for her information. While she was obtaining that I saw Mr. Brown had his right hand in his front pocket. I observed in plain view in his pocket a white crystal substance that from my training and experience looked like a controlled substance. He was asked to exit the vehicle and was detained without issue. He stated the substance was salt and that someone gave it to him. He originally stated I could go in his pocket and retrieve the substance and field test it but then implied he did not want me to do that because it was only salt. The illicit substance was retrieved from his right front pocket and field tested that showed a presumptive positive for MDMA (3,4-methylenedioxymethamphetamine) / methamphetamine.

Based on the above Aremis Brown was knowingly in actual or constructive possession of a substance classified within Schedule I, Florida Statute 893.03(1), commonly known as MDMA / Methamphetamine a controlled substance, contrary to Florida Statute 893.13(6)(a). (3 DEG FEL) (LEVEL 3)

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

McPeek, Jesse A826

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

24 day of Sept 2026

LEO

INDIAN RIVER COUNTY SHERIFF'S OFFICE







INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102915



NARRATIVE

On Thursday, September, 24 2026, at approximately 1941 hours, Corporal Thomas and I responded to Walmart, located at 5555 20<sup>th</sup> Street, in reference to a shoplifting in progress.

Upon arrival, I was informed from public safety dispatch that the suspect, later identified as Ryan Kozak, was seen opening packages inside of the store and was currently "skip scanning" items at self-checkout register #26, and being monitored by Walmart loss prevention. While he was checking out, he left the self-checkout area and went to the bathroom and then returned to the checkout.

Corporal Thomas and I positioned ourselves outside of the grocery center exit and waited for the suspect to exit the store.

When Kozak exited the store, I placed him and handcuffs and took him into custody.

I then made contact with loss prevention associate, Sara Ingo, who stated the following in summary: She was observing CCTV footage and observed Kozak grab a flashlight from the shelf. Kozak then began to manipulate the packaging of the flashlight in his right hand, move something from his right hand to his left and place the packaging on the shelf. After, Kozak approached self-checkout #26 and began skip-scanning multiple items, ringing some items up and not others.

While checking out Kozak left the register to go to the restroom. Kozak returned and asked an associate to void some of the items off of his transaction, then he paid and began exiting the store, with the unpaid items in the cart.

Kozak was advised of his Miranda Rights, which he stated he understood and was willing to speak with me. Kozak stated he grabbed the flashlight from the shelf and was going to purchase it but it was around forty dollars and he didn't have the money for it so put it down in an aisle.

When asked about the other items that were in his cart that were not scanned or paid for Kozak stated that it must've been accidental he didn't mean to steal anything.

I searched Kozak and found a USB type c charger wound up with a twist tie along with a warning paper and instructions that were consistent with what would be inside the packaging for a flashlight.

A search of the aisle that Kozak was seen handling the flashlight revealed packaging that appeared to be cut open. The flashlight, charger and instructions were missing.

I again asked Kozak where the flashlight was, at which point he admitted to removing the flashlight from the package. He considered stealing it, but placed it on a shelf after he changed his mind. He was not

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

Christman, Kevin A327

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

INDIAN RIVER COUNTY SHERIFF'S OFFICE

24 day of September, 2026

S. S. Still #6156

LEO



INDIAN RIVER COUNTY SHERIFF'S OFFICE  
ARREST AFFIDAVIT  
4055 41st Ave  
Vero Beach, Florida 32960

Arrest Affidavit Report

Case Report # 2026-00102915



NARRATIVE (Continuation)

able to remember what shelf he placed it on, or where in the store he was when he left it.

Corporal Thomas then observed something in Kozak's left shoe and informed me. I searched Kozak's left shoe to find the flashlight that was missing from the packaging. I asked Kozak when he put the flashlight in his shoe and he stated that he put the flashlight in his shoe when he was exiting the bathroom.

Walmart advised they would pursue criminal charges.

Ingo provided a written statement, receipt for items paid/stolen, and was sent an Axon link to upload video and photos.

While searching through Kozak's property, Corporal Thomas found a glass pipe, which, based on my training and experience, I immediately recognized as being consistent with those commonly used for the inhalation of illegal drugs. Kozak admitted to having used crystal methamphetamine in the past, and was forgot the pipe was inside his bag.

A query of Kozak's criminal history was conducted and revealed he had previously been found guilty of Petit Theft on September 19, 2019 (Case# 562024MM001950A).

Based on the above statements, video, physical evidence and criminal history, the following was determined:

Kozak, who had previously been found guilty of a theft offense, passed all points of sale knowingly with the flashlight and other unscanned items (totaling \$49.05) without paying, therefore depriving Wal-Mart of their merchandise. And had a backpack in his possession which contained his personal items along with a glass pipe commonly used to inhale Methamphetamine.

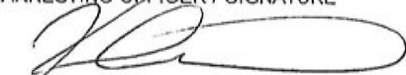
I find probable cause to charge Kozak with

1<sup>st</sup> Degree Petit Theft F.S.S. 812.014.3

Possession of Drug Paraphernalia 893.147.1

The preceding is true to the best of my knowledge or belief

ARRESTING OFFICER / SIGNATURE

  
Christman, Kevin A327

Sworn and Subscribed before me this

NOTARY/ ASA

My comission expires

Agency

24 day of September, 2026

 #6156

LEO

INDIAN RIVER COUNTY SHERIFF'S OFFICE