

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) <input checked="" type="checkbox"/>	Capias Request _____	Summoned/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
PURPOSE Taken into Custody (Warrant/Capias Arrest) _____		AMENDED _____		Referral _____ Civil Citation _____	
Arresting Agency ORI FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE		Arresting Agency Case/Arrest Number 2023-00005539	OBTs Number 0501-448934	
FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time 01/10/2023 22:30	Jail Booking Number 2023-00000428
Location of Arrest (Include Name of Business) 1612 SUN GAZER DR Rockledge FL 32955			City Rockledge FL 32955		
Offense Date OR Date Range 01/05/2023		Arrest Date / Time 01/10/2023 20:10		Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Felony _____ Traffic _____ Ordinance _____	
Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____					
Name (Last, Suffix) WHITMAN		Name (First) DONALD		Name (Middle) PATRICK	
Race W-White		Ethnicity Non-Hispanic		Sex Male	
Date of Birth 04/19/1962		Age 60		Jacket Number 5011808	
Height 6' 1"		Weight 240		Eye Color Blue	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Hair Color Gray			
Local Address (Street, Apt. Number) 1612 SUN GAZER DR, Rockledge FL 32955			City, State, Zip		Phone/Type (include area code) NO PHONE
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 1612 SUN GAZER DR Rockledge FL Rockledge			City, State, Zip		Primary Language English English <input checked="" type="checkbox"/>
Business Address (Name, Street) or School if Juvenile			City, State, Zip		Complexion Fair
Driver's License State / Number / Type FL/ W355195621390			Social Security Number* [REDACTED]		INS Number
Residence Type: City _____ County <input checked="" type="checkbox"/> Florida _____ Out of State _____			Mark All that Apply (Y, N, Unk) Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input checked="" type="checkbox"/>		Place of Birth FL
PARENT Driver's License State / Number / Type			PARENT Social Security Number		Juvenile Civil Citation Not Referred Explanation
Suspected of Using (Y, N, Unk) Alcohol _____ Computer/Handheld Device _____			Citizenship U.S. Citizen		
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.					
PC <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____		Date Issued		Writ Aff. _____ Domestic Violence _____ Order of Arrest _____	
Charge Description Battery - Touch or Strike		Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number 784.03.1a1.	
Drug Activity		Drug Type	Amount / Unit	Bond Amount \$,500.00	Warrant / Citation / Court Number
The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law On the 4th day of January, 2023 at 2000 AM _____ PM _____ (Specifically include facts constituting cause for arrest)					
See the Narrative on the Continuation Page(s)					
Confidential Victim Information Included - YES _____ NO <input checked="" type="checkbox"/>					
In accordance with F.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____ Affidavit Attached: Yes _____ No _____ Continue for: Narrative <input checked="" type="checkbox"/> Charges _____					
Mandatory Appearance in Court		Location (Court and Address)		Division #	
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.		Date: _____ Month _____ Day _____ Year _____ Time _____ AM _____ PM			
Signature of Defendant / Juvenile		Signature of Juvenile's Parent/Custodian		Release to: (Name)	Date
Name:		Verified By:		Do Not Bond Out Reason	
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 01/10/2023		Officer's/Complainant's Signature Electronically Signed		ID# 4761	Officer's/Complainant's Name (Printed) Kyle Schuck
Sworn and Subscribed before me, the undersigned authority this _____ day of 01/10/2023		Notary Signature Electronically Signed		Notary Name (Printed) Firmin, Eric	Notary/Law Enforcement Officer in Performance of Official Duties, Personally Known <input checked="" type="checkbox"/> 10 _____
Patrol - West					Page 1 of 2

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AGENCY NAME: **BREVARD COUNTY SHERIFF'S OFFICE** BREVARD COUNTY, FLORIDA Arresting Agency Case Number
 Continuation Page **2** of **2** **2023-00005539**

Defendant / Juvenile Name (Last, Suffix) **WHITMAN** Defendant / Juvenile Name (First) **DONALD** Defendant / Juvenile Name (Middle) **PATRICK** OBTS Number **0501-448934**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth/Age _____ Juvenile (Y or N) _____
 Arrested _____ At Large _____ Cited _____ Felony _____ Misdemeanor _____
 Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth/Age _____ Juvenile (Y or N) _____
 Arrested _____ At Large _____ Cited _____ Felony _____ Misdemeanor _____

PC _____ Capias _____ Warrant _____ Additional Charge _____ Date Issued _____ Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
 Charge Description _____ Counts _____ F.S. _____ Statute / Ordinance Number _____ Reclassifier _____
 Ord. _____
 Drug Activity _____ Drug Type _____ Amount / Unit _____ Bond Amount _____ Warrant / Citation / Court Number _____

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Year _____ Make _____ Model _____ VIN _____ Tag / Tag State _____ Primary Color _____ Secondary Color _____
 *If Applicable, provide information related to the vehicle involved in the crime.

The defendant repeatedly touched the victim, TF, despite repeated demands to stop. The defendant touched the victim's intimate personal areas to include her genitalia and breasts. TF repeatedly told defendant to stop and defendant continued the unwanted touch.

Recorded controlled phone call was conducted between TF and defendant which supported this charge.

Recorded interview with defendant was conducted with deputies which supported this charge.

Officer's/Complainant's Signature **Electronically Signed** ID# **4761** Officer's/Complainant's Name (Printed) **Kyle Schuck**