

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) <input checked="" type="checkbox"/> Capias Request _____ Summons/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>	
PURPOSE Taken into Custody (Warrant/Capias Arrest) _____		AMENDED _____		Referral _____ Civil Citation _____
Arresting Agency ORI FL0051100	Arresting Agency Name TITUSVILLE POLICE DEPARTMENT		Arresting Agency Case/Arrest Number 2024-00047378	OBTS Number 0501472309
FDLE (SID) Number	FBI Number	DOC Number	Transport Time hhlayo	Jail Date / Time 07/05/2024
Jail Booking Number 2024-81609	Booking Agency ORI	Location of Arrest (Include Name of Business) <UNKNOWN> 2290 Columbia Blvd Titusville, FL		
Location of Offense (Business Name, Address) TARGET 3055 COLUMBIA BLVD Titusville FL 32780-			City	
Offense Date OR Date Range 07/01/2024	Arrest Date / Time 07/07/2024 21:09	Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____		Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____
Name (Last, Suffix) SHORTT	Name (First) DYLEN	Name (Middle) LUKE	Alias and Type	Date of Birth 10/05/2004
Age 19	Jacket Number 5010940	Race W-White	Ethnicity	Sex Male
Height 6' 0"	Weight 180	Eye Color Green	Hair Color Brown	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				
Local Address (Street, Apt. Number) 4805 LAKE MICHIGAN AVENUE Cocoa, FL 32926		City, State, Zip		Phone/Type (include area code)
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 4805 LAKE MICHIGAN AV COCOA FL		City, State, Zip		Primary Language English <input checked="" type="checkbox"/> English _____
Business Address (Name, Street) or School if Juvenile		City, State, Zip		Complexion Light
Driver's License State / Number / Type FL/ S630172043650		Social Security Number*	INS Number	Place of Birth FL
Citizenship U.S. Citizen	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 _____		Suspected of Using (Y, N, Unk) Drugs _____ Alcohol _____ Computer/Handheld Device _____
PARENT Driver's License State / Number / Type	PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation		Juvenile Facility
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.				
PC <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
Charge Description EXPOSE SEX ORGANS	Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number 800.03	Reclassifier
Drug Activity	Drug Type	Amount / Unit	Bond Amount 500.00 No Bond	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 1 day of July, 2024 at 310 _____ AM <input checked="" type="checkbox"/> PM See the Narrative on the Continuation Page(s) (Specifically include facts constituting cause for arrest)				
Confidential Victim Information included - YES _____ NO <input checked="" type="checkbox"/>				
In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____				
Affidavit Attached: Yes _____ No _____		Continue for: Narrative <input checked="" type="checkbox"/> Charges _____		
Mandatory Appearance in Court	Location (Court and Address)		Division #	
Date: Month _____ Day _____ Year _____ Time _____ AM _____ PM				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.				
Signature of Defendant / Juvenile		Signature of Juvenile's Parent/Custodian		Release to: (Name)
				Date
				Time
Hold for Other Agency Name:	Verified By:	Do Not Bond Out Reason		
I swear/affirm the above and attached statements are true and correct. <input checked="" type="checkbox"/> on 07/02/2024	Officer's/Complainant's Signature Electronically Signed	ID# 154	Officer's/Complainant's Name (Printed) Kevin Joyce	
Sworn and Subscribed before me, the undersigned authority this _____ day of 07/02/2024	Notary Signature Electronically Signed	Notary Name (Printed) Torres, Cesar E	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____	
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AGENCY NAME: TITUSVILLE POLICE DEPARTMENT	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00047378
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Defendant / Juvenile Name (Last, Suffix) SHORTT	Defendant / Juvenile Name (First) DYLEN	Defendant / Juvenile Name (Middle) LUKE	OBTS Number
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CO-DEF	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
	Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
	Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				

CHARGE	PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
	Charge Description	Counts	F.S. <input type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number	Reclassifier
	Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

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

The above defendant, Dylon Shortt, who was positively identified by his Florida driver's license, did knowingly and intentionally commit the offense of Exposure of Sexual Organs.

Defendant entered Target and was observed on store surveillance in real time masturbating in the women's and girls clothing sections. The defendant's penis and testicles are clearly seen on the store surveillance and his actions are unmistakable. The defendant is clearly seen spitting on his penis while masturbating and stares at females as they pass by him while he masturbates.

Sworn statement provided by Target Asset Protection Associate.

Officer's/Complainant's Signature Electronically Signed	ID# 154	Officer's/Complainant's Name (Printed) Kevin Joyce
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