

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) _____ PURPOSE Taken into Custody (Warrant/Caplas Arrest) <input checked="" type="checkbox"/>	Caplas Request _____	Summoned/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
		AMENDED _____		Referral _____ Civil Citation _____	
Arresting Agency ORI FL0050000		Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE		Arresting Agency Case/Arrest Number 2024-00360656	
OBTS Number 0501476995		FDLE (SID) Number		FBI Number	
DOC Number		Transport Time		Jail Date / Time 11/06/2024 17:40	
Jail Booking Number 2024-00013834		Booking Agency ORI FL0050000		Location of Arrest (Include Name of Business) 860 CAMP RD Cocoa FL 32927	
City		Location of Offense (Business Name, Address) 860 CAMP RD Cocoa FL 32927		City	
Offense Date OR Date Range 11/06/2024		Arrest Date / Time 11/06/2024 17:40		Charge Type (Check as many as apply) Felony <input checked="" type="checkbox"/> Misdemeanor _____ Traffic _____ Ordinance _____	
Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____					
Name (Last, Suffix) Barber		Name (First) Terrell		Name (Middle) Devon	
Alias and Type		Date of Birth 09/30/1990		Age 34	
Jacket Number 4855809		Race B-Black		Ethnicity Non-Hispanic	
Sex Male		Height 5' 5"		Weight 180	
Eye Color Brown		Hair Color Black		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Local Address (Street, Apt. Number) 1157 SWAN ST, Melbourne FL 32935		City, State, Zip		Phone/Type (include area code)	
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 1157 SWAN ST Melbourne FL Melbourne		City, State, Zip		Phone/Type (include area code)	
Business Address (Name, Street) or School if Juvenile		City, State, Zip		Phone/Type (include area code)	
Driver's License State / Number / Type FL/ B616804903500		Social Security Number* [REDACTED]		INS Number	
Place of Birth FL		Citizenship U.S. Citizen		Residence Type: City <input checked="" type="checkbox"/> County _____ 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"/>		Suspected of Using (Y, N, Unk) Alcohol _____ Computer/Handheld Device _____		Drugs _____	
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 _____ Caplas _____ Warrant <input checked="" type="checkbox"/> Additional Charge _____		Date Issued 09/16/2024		Writ Aff. _____ Domestic Violence _____ Order of Arrest <input checked="" type="checkbox"/>	
Charge Description Out of State Fugitive		Counts 1		F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 941.13	
Drug Activity		Drug Type		Amount / Unit	
				Bond Amount NO BOND	
				Warrant / Citation / Court Number 240826005	
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 _____ day of _____ at _____ AM _____ PM (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 _____ 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: SAVANNAH PD		Verified By: TTY		Do Not Bond Out Reason Hold for 1st Appearance (Adults Only)	
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 11/06/2024		Officer's/Complainant's Signature Electronically Signed		ID# 3865	
Sworn and Subscribed before me, the undersigned authority this _____ day of 11/06/2024		Notary Signature Electronically Signed		Officer's/Complainant's Name (Printed) Brittani Davis	
		Notary Name (Printed) Edwards, Patrick		Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____	
				BCJC (Jail)	
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AGENCY NAME: **BREVARD COUNTY SHERIFF'S OFFICE** **BREVARD COUNTY, FLORIDA** Arresting Agency Case Number
 Continuation Page 2 of 2 **2024-00360656**

Defendant / Juvenile Name (Last, Suffix) **Barber** Defendant / Juvenile Name (First) **Terrell** Defendant / Juvenile Name (Middle) **Devon** OBTS Number **0501476995**

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

SAVANNAH PD, GEORGIA REF RAPE, CHILD MOLESTATION, AND AGGRAVATED SEXUAL BATTERY
NO BOND
OCA 240826005
NIC W610055000

Officer's/Complainant's Signature **Electronically Signed** ID# **3865** Officer's/Complainant's Name (Printed) **Brittani Davis**