

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

ADMINISTRATIVE	Arresting Agency ORI Number 051200		Arresting Agency Name CITY OF PALM BAY POLICE DEPARTMENT			Arresting Agency Case/Arrest Number 25-006567		OBTs Number 0501488623	
	FDLE Number		FBI Number		DOC Number	Transport Time	Jail Date/Time 8/23/25/0930	Jail Booking Number	Booking Agency ORI
	Location of Arrest (Include Name of Business)			City			Location of Offense (Include Name of Business)		
	Offense Date OR Date Range 08/23/2025			Arrest Date/Time 08/23/2025 01:29		Charge Type (Select as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic <input checked="" type="checkbox"/> Felony _____ Ordinance _____		Evidence Confiscated (Select as many as apply) Vehicle _____ Firearm _____ Property _____	

DEFENDANT / JUVENILE	Name (Last, First, Middle) Sears, Xander, Cole			Alias and Type		Date of Birth 08/08/2006	Age 19	Jacket Number 5105224	
	Race White	Ethnicity N/A	Sex Male	Height 5'7"	Weight 139	Eye Color Brown	Hair Color Brown		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tattoo on right hand. tattoo on left forearm. tattoo on ribs, and tattoo on left knee								
	Local Address (Street, Apt. Number) 1043 Weslaco St SE			City, State, Zip Palm Bay FL 32909		Phone/Type (Include area code) 3214973267		Primary Language English <input checked="" type="checkbox"/> _____	
	Permanent Address (Street, Apt. Number) or parent's if Juvenile (Same as Address)			City, State, Zip		Phone/Type (Include area code)		Complexion Light	
	Business Address (Street, Apt. Number)			City, State, Zip		Phone/Type (Include area code)		Build Slim	
	Driver's License State/ Number/ Type FL / S631335039000			Social Security Number*		INS Number		Place of Birth Ohio	
	Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____			Mark All that Apply (Y, N, Unk) Homeless N Sex Offender N Gang Affiliation N			Suspect of Using (Y, N, Unk) Drugs Y _____		
	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.								

CHARGE	PC <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued 08/23/2025	Writ Aff. _____	Domestic Violence _____	Order of Arrest _____
	Charge Description DUI WITH PROPERTY DAMAGE		Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute/ Ordinance Number 316.193.3C1
	Drug Activity NA	Drug Type NA	Amount/Unit NA	Bond Amount 500	Warrant / Citation / Court Number ALX1NWE

PROBABLE CAUSE	The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe and does believe that the above Defendant committed the following violation of law					
	On the 23 day of AUGUST at 00:19 <input checked="" type="checkbox"/> AM — PM (Specifically include facts constituting cause for arrest)					
	See attached narrative.					
	Confidential Victim Information Included - YES <input checked="" type="checkbox"/> NO _____					
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 <input checked="" type="checkbox"/> NO _____ Continue for: Narrative <input checked="" type="checkbox"/> Charges <input checked="" type="checkbox"/>						

NOTICE TO APPEAR	Mandatory Appearance in Court		Location (Court, Room Number, Address) Viera Court House, 2825 Judge Fran Jamieson Way, Viera, FL 32940		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)

ADMINISTRATIVE	Hold for Other Agency Name: _____		Verified By: _____	Do Not Bond Out Reason _____		Hold for 1st Appearance (Adults Only) _____
	I swear/affirm the above and attached statements are true and correct I Do on 8/23/25		Officer's/ Complainant's Signature Edson Leiva		Digitally signed by Edson Leiva Date: 2025.08.23 03:58:09 -04'00'	ID # 269
	Sworn and subscribed before me, the undersigned authority this _____ day of _____		Notary Signature Hodge, V.		Digitally signed by Hodge, V. Date: 2025.08.23 04:28:05 -04'00'	Officer's/Complainant's Name (Printed) Ofc Leiva. #269
			Notary Name (Printed) FTO Hodge, V.		Notary/ Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____	

Defendant / Juvenile Name (Last, First, Middle)	OBTS Number
Sears, Xander, Cole	

CO-DEF	Co-Defendant name (Last, First, Middle)	Race	Sex	Date of Birth or Age	Juvenile (Y/N)
	Not Applicable				
	Arrested	At Large	Cited	Felony	Misdemeanor
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CHARGE	PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued 08/23/2025	Writ Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
	Charge Description	Counts	F.S. <input checked="" type="checkbox"/> Ord. <input type="checkbox"/>	Statute/ Ordinance Number	Re-classifier
	POSESSION OF A CONTROLLED SUBSTANCE	1		893.13.6A	
	Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number
	COCAINE	COCAINE	0.5 GRAMS	2500	

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	Charge Description	Counts	F.S. <input checked="" type="checkbox"/> Ord. <input type="checkbox"/>	Statute/ Ordinance Number	Re-classifier
	DUI - BAC 0.150 OR GREATER OR UNDER 18 (1ST OFFENSE)	1		316.193.4	
	Drug Activity	Drug Type	Amount/Unit	Bond Amount	Warrant / Citation / Court Number
	N/A	N/A	N/A	500	AK19P7E

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VEHICLE*	Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
	2006	GMC	Pickup Truck	3GTEC14XX6G181252	CQ54TQ	WHITE	WHITE
*If Applicable, provide information related to the vehicle involved in the crime.							

On August 23 2025, I, Officer Leiva #269, responded to a traffic crash with injuries at [REDACTED] The above vehicle lost control, hit two mailboxes and a tree.

Upon arriving on scene, I made contact with driver, later identified as Xander Sears. While speaking with Mr. Sears, I observed he exhibited delayed reaction times, as well as extremely glossy and bloodshot eyes.

Due to the faint odor of alcohol coming from Mr. Sears' person, I asked if he had consumed any alcoholic beverages. He initially stated that he had not. The hats were changed and Miranda was read to Mr. Sears to which he agreed to speak with officers. I revisited the question based on my continuing suspicions of impairment. This time, Mr. Sears admitted to consuming two shots of Amsterdam earlier.

Mr. Sears voluntarily consented to perform Standardized Field Sobriety Test. During the exercises, Mr. Sears showed multiple indicators of impairment, including six out of six clues for the HGN, six out of eight clues for the Walk and Turn Test, and three out of four clues in the One Leg Stand. Based on my observations, including the physical indicators of impairment and the results of the SFST's, I determined Mr Sears to be under the influence to a degree that impaired his normal faculties. I then placed Mr. Sears under arrest for Driving Under the Influence and DUI property damage.

Mr. Sears refused to submit to a breath test. Implied consent was read, to which he then agreed. The results of the breath test were as followed 0.155g/210L at 0241 hours and 0.155g/210L at 0244 hours.

During a search of Mr. Sears wallet, I located a white powder substance that later field tested positive for cocaine.

Mr. Sears was transported to Palm Bay Hospital for medical clearance.

After being cleared, he was transferred into the custody of the Brevard County Sheriff's Office for further processing.

AGENCY NAME: CITY OF PALM BAY POLICE DEPARTMENT

BREVARD COUNTY, FLORIDA

Arresting Agency Case Number
25-006567

NARRATIVE: Continuation Page 3 of 4

Defendant / Juvenile Name (Last, First, Middle)

OBTS Number

Sears, Xander, Cole

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	Charge Description				Counts	F.S. Ord.	Statute/ Ordinance Number	Re-classifier	
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Officer's/ Complainant's Signature

Edson Leiva

Digitally signed by Edson Leiva

Date: 2025.08.23 03:58:49 -04'00'

ID #

269

Officer's/Complainant's Name (Printed)

Ofc Leiva. #269

05-2025-CF-045275-AXXX-BC

Filing 230083497

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, First, Middle) Sears, Xander, Cole	OBTs Number
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VICTIM INFORMATION	Victim was notified of their Marsy's Law rights - <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Victim Type <input checked="" type="checkbox"/> Business <input type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name Shouppe, Larry, E		Victim's Relationship to Offender [REDACTED]
	Victim Address [REDACTED]		Business Point of Contact Name and Number	
	Contact Number / Type (include area code) [REDACTED]		Victim's Email Address	

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Officer's/ Complainant's Signature Edson Leiva	Digitally signed by Edson Leiva Date: 2025.08.23 03:59:08 -04'00'	ID # 269	Officer's/Complainant's Name (Printed) Ofc Leiva. #269
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