** CURRENTLY IN CUSTODY **

PROBABLE CAUSE AFFIDAVIT

FORM PURPOSE: On View (PC Arrest) X | Capias Request ____ | Summoned/Cited (NTA) ____ | Taken into Custody (Warrant/Capias Arrest) ____ | AMENDED ____ | JUVENILE YES ____ NO X | Referral ____ Civil Citation ____

ADMINISTRATIVE

Arresting Agency ORI	Arresting Agency Name	Arresting Agency Case/Arrest Number	OBTS Number
FL0050700	CITY OF MELBOURNE POLICE	2024-00104366	

FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time	Jail Booking Number	Booking Agency ORI
			20:09	5/6/24 2225	2024-	

Location of Arrest (Include Name of Business)	City	Location of Offense (Business Name, Address	City)
US1/EAST MELBOURNE AVE MELBOURNE 32901		2210 FRONT ST Melbourne FL 32901	

Offense Date OR Date Range	Arrest Date / Time	Charge Type (Check as many as apply)	Evidence Confiscated (Check as many as apply)
05/06/2024 -- 05/06/2024	05/06/2024 20:09	Felony ____ Misdemeanor X Traffic ____ Ordinance ____	Unarmed Vehicle ____ Firearm ____ Property ____

0578-4988

DEFENDANT / JUVENILE

Name (Last, Suffix)	Name (First)	Name (Middle)	Alias and Type	Date of Birth	Age	Jacket Number
SMITH	GAVIN	BRYCE		02/06/1981	43	4896790

Race	Ethnicity	Sex	Height	Weight	Eye Color	Hair Color
Black	Non Hispanic	Male	6' 0"	178	Blue	Blond

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Local Address (Street, Apt. Number)	City, State, Zip	Phone/Type (include area code)	Primary Language
133 RIVERVIEW DR MALABAR, FL 32950			English Y: English
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile	**City, State, Zip**	**Phone/Type (include area code)**	**Complexion**
133 RIVERVIEW DR Malabar FL MALABAR			Fair
Business Address (Name, Street) or School if Juvenile	**City, State, Zip**	**Phone/Type (include area code)**	**Build**
			Medium

Driver's License State / Number / Type	Social Security Number*	INS Number	Place of Birth	Citizenship
FL/S530282810460/E	[redacted]		United States Of America (USA)	United States Of America (USA)

Residence Type:	Mark All that Apply (Y, N, Unk)	Suspected of Using (Y, N, Unk)
City X County ____ Florida ____ Out of State ____	Homeless N Sex Offender N Gang Affiliation ____	Drugs UNK Alcohol UNK Computer/Handheld Device UNK

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 X Capias ____ Warrant ____ Additional Charge ____ | Date Issued | Writ Aff. ____ Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. X Ord. ____	Statute / Ordinance Number	Reclassifier
Battery - Touch or Strike * 13B	1		784.03.1a1	

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number
			1000.00	

PROBABLE CAUSE

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 6th day of may, 2024 at 2009 ____AM ____PM (Specifically include facts constituting cause for arrest)

Confidential Victim Information included - YES ____ NO ____

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 X Charges ____

NOTICE TO APPEAR

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

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 X on 05/06/2024	Officer's/Complaintant's Signature	ID#	Officer's/Complaintant's Name (Printed)
		5027	Kyle Hamilton

Sworn and Subscribed before me, the undersigned authority this X day of 05/06/2024	Notary Signature	Notary Name (Printed)	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known X ID ____
	#3354	SGT. G. HESS	

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** CURRENTLY IN CUSTODY **

AGENCY NAME: CITY OF MELBOURNE POLICE | **BREVARD COUNTY, FLORIDA** | Arresting Agency Case Number: 2024-00104366

Continuation Page 2 of 3

Defendant / Juvenile Name (Last, Suffix)	Defendant / Juvenile Name (First)	Defendant / Juvenile Name (Middle)	OBTS Number
SMITH	GAVIN	BRYCE	

CO-DEF

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 ____

CHARGE

PC ____ Capias ____ Warrant ____ Additional Charge ____ Date Issued ____ Writt Aff. ____ Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. ____ Ord. ____	Statute / Ordinance Number	Reclassifier

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

CHARGE

PC ____ Capias ____ Warrant ____ Additional Charge ____ Date Issued ____ Writt Aff. ____ Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. ____ Ord. ____	Statute / Ordinance Number	Reclassifier

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

CHARGE

PC ____ Capias ____ Warrant ____ Additional Charge ____ Date Issued ____ Writt Aff. ____ Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. ____ Ord. ____	Statute / Ordinance Number	Reclassifier

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

VEHICLE *

Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color

* If Applicable, provide information related to the vehicle involved in the crime.

On 5/6/2024 around 1950 hours I, Officer Hamilton #5027 responded to 2210 Front St (Ichabods) in reference to a physical disturbance.

Many patrons inside the restaurant stated there were two individuals physically fighting other people. Nicholas George (victim) stated he was battered by Gavin Smith (who was arrested for battery on a different victim regarding this incident) while attempting to break up the fight. George stated he also kicked him, casuing minor bruising to his eye. A battery affidavit along with a sworn statement was obtained and video of the incident was uploaded to evidence.com.

Due to Gavin already being in the custody of the Brevard County Jail, additional charges for battery were delivered to the staff at the jail

Officer's/Complainant's Signature	ID#	Officer's/Complainant's Name (Printed)
[signature]	5027	Kyle Hamilton

AGENCY NAME: CITY OF MELBOURNE POLICE | **BREVARD COUNTY, FLORIDA** | Arresting Agency Case Number: 2024-00104366

VICTIM INFORMATION PAGE

Defendant / Juvenile Name (Last, Suffix)	Defendant / Juvenile Name (First)	Defendant / Juvenile Name (Middle)	OBTS Number
SMITH	GAVIN	BRYCE	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - X YES ___ NO | Victim requests their personal information remain confidential - ___ YES X NO

Victim Type: ___ Business X Individual	Individual Name (Last, First, Middle) or Business Name: george, nicholas allen	Victim Relationship to Offender: Stranger
Victim Address: 2210 FRONT ST MELBOURNE FL 32901	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - ___ YES ___ NO | Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type: ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name:	Victim Relationship to Offender:
Victim Address:	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - ___ YES ___ NO | Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type: ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name:	Victim Relationship to Offender:
Victim Address:	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - ___ YES ___ NO | Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type: ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name:	Victim Relationship to Offender:
Victim Address:	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - ___ YES ___ NO | Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type: ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name:	Victim Relationship to Offender:
Victim Address:	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

VICTIM INFORMATION

Victim was notified of their Marsy's Law rights - ___ YES ___ NO | Victim requests their personal information remain confidential - ___ YES ___ NO

Victim Type: ___ Business ___ Individual	Individual Name (Last, First, Middle) or Business Name:	Victim Relationship to Offender:
Victim Address:	Business Point of Contact Name and Number:	
Contact Number / Type (include area code):	Victim Email Address:	

Officer's/Complainant's Signature	ID#	Officer's/Complainant's Name (Printed)
[signature]	5027	Kyle Hamilton