

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 FL0050700		Arresting Agency Name CITY OF MELBOURNE POLICE		Arresting Agency Case/Arrest Number 2024-00104366		OBT Number 0501-469686	
FOLE (SID) Number		FBI Number		DOC Number		Jail Date / Time 2024-05-06/21:21	
Location of Arrest (Include Name of Business) ichabods		City MELBOURNE		Jail Booking Number 2024-00005784		Booking Agency ORI	
Location of Offense (Business Name, Address) US1/EAST MELBOURNE AVE MELBOURNE 32901		City MELBOURNE		Location of Offense (Business Name, Address) 2210 FRONT ST Melbourne FL 32901		City	
Offense Date OR Date Range 05/06/2024 05/06/2024		Arrest Date / Time 05/06/2024 20:09		Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____		Evidence Confiscated (Check as many as apply) Unarmed _____ Vehicle _____ Firearm _____ Property _____	
Name (Last, Suffix) SMITH		Name (First) GAVIN		Name (Middle) BRUCE		Date of Birth 02/06/1981	
Race Black		Ethnicity Non Hispanic		Sex Male		Age 43	
Height 5' 10"		Weight 178		Eye Color Brown		Hair Color Blond	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
Local Address (Street, Apt. Number) 133 RIVERVIEW DR MALABAR, FL 32950				City, State, Zip		Phone/Type (include area code)	
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 133 RIVERVIEW DR MALABAR FL				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/S530282810460/E		Social Security Number* [REDACTED]		INS Number		Place of Birth United States Of America (USA)	
Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____		Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation _____		Suspected of Using (Y, N, Unk) Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/>		United States Of America (USA)	
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 Battery - Touch or Strike * 13B		Counts 1		F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 784.03.1a1		Reclassifier	
Drug Activity		Drug Type		Amount / Unit		Bond Amount \$,600.00	
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 6th day of may , 2024 at 2029 AM <input checked="" type="checkbox"/> PM (Specifically include facts constituting cause for arrest)							
Confidential Victim Information Included - YES _____ NO _____							
In accordance with F.S.S. 93B.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		Verified By:		Do Not Bond Out Reason			
Name:		Officer's/Complainant's Signature		ID# 5027		Hold for 1st Appearance (Adults Only)	
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 05/06/2024		Notary Signature		Notary Name (Printed) Kyle Hamilton			
Sworn and Subscribed before me, the undersigned authority this <input checked="" type="checkbox"/> day of 05/06/2024		Officer Electronically Signed		Notary/Law Enforcement Officer in Performance of Official Duties, Personally Known <input checked="" type="checkbox"/> ID _____			

0501-469686

585-2

BQ. 2

AGENCY NAME: CITY OF MELBOURNE POLICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00104366
Continuation Page 2 of 4		

Defendant / Juvenile Name (Last, Suffix) SMITH	Defendant / Juvenile Name (First) GAVIN	Defendant / Juvenile Name (Middle) BRYCE	OBTS Number
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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 <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____		
Charge Description VOP * 90Z	Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____ Statute / Ordinance Number 948.06	Reclassifier	
Drug Activity	Drug Type	Amount / Unit	Bond Amount No Bond	Warrant / Citation / Court Number n81649

PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ 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

PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ 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

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 2005 hours I, Officer Hamilton #5027 responded to 2210 Front St (Ichabods) in reference to a physical altercation inside the establishment.

Upon arrival, I spoke to Thora Snow (victim) who stated there were two males inside of the restaurant causing a disturbance; Snow stated they ran out the back door and she was following them due to one of the males (later identified as Gavin Smith) had punched her in her left eye with a closed fist and she wished to pursue charges. While on the phone with Snow, she stated the male that punched her had taken his shirt off and he was attempting to jump off the bridge at E Melbourne Ave/US1. While on the phone with her, multiple Police units flooded the area and took Smith into custody without further incident. Smith was also apprehended without wearing his t-shirt. It should be known that during this whole incident, Snow followed Smith the entire way from Ichabods to the bridge (E Melbourne Ave/US1) where he was apprehended without losing sight of them. A battery affidavit was obtained along with a sworn statement from Snow.

While transporting Smith to the Brevard County Jail, he spontaneously uttered that he "Was the only one that had the balls to do it".

FCIC/NCIC check showed Gavin Smith is currently on felony probation. Gavin Smith is currently on probation reference case number #N81649 and his probation Officer is Beth Guinn. On 5/6/2024 at 2009 hours, Gavin Smith committed a new criminal offense to wit: F.S.S 843.01 (Simple Battery). The new criminal law violation is contrary to the defendant's terms that he will remain at liberty without violating the law.

Officer's/Complainant's Signature	ID# 5027	Officer's/Complainant's Name (Printed) Kyle Hamilton
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AGENCY NAME: <u>CITY OF MELBOURNE POLICE</u>	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2024-00104366
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Defendant / Juvenile Name (Last, Suffix) SMITH	Defendant / Juvenile Name (First) GAVIN	Defendant / Juvenile Name (Middle) BRYCE	DBTS Number
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PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input type="checkbox"/> Statute / Ordinance Number
		Ord. <input type="checkbox"/> Reclassifier
Drug Activity	Drug Type	Amount / Unit
		Bond Amount
		Warrant / Citation / Court Number

PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input type="checkbox"/> Statute / Ordinance Number
		Ord. <input type="checkbox"/> Reclassifier
Drug Activity	Drug Type	Amount / Unit
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PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writ Aff. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Order of Arrest <input type="checkbox"/>
Charge Description	Counts	F.S. <input type="checkbox"/> Statute / Ordinance Number
		Ord. <input type="checkbox"/> Reclassifier
Drug Activity	Drug Type	Amount / Unit
		Bond Amount
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Gavin was ultimately transferred to the custody of the Brevard County Jail without incident.		
Officer's/Complainant's Signature	ID# 5027	Officer's/Complainant's Name (Printed) 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) SMITH		Defendant / Juvenile Name (First) GAVIN		Defendant / Juvenile Name (Middle) BRYCE
OBTs Number				
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 type="checkbox"/> Business <input checked="" type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name SNOW, THORA LILLIAN		Victim Relationship to Offender [REDACTED]	
Victim Address [REDACTED]		Business Point of Contact Name and Number		
Contact Number / Type (include area code)		Victim Email Address		
Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO				
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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 was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO				
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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 was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO				
Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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		
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Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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		
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Victim Type <input type="checkbox"/> Business <input type="checkbox"/> 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# 5027	Officer's/Complainant's Name (Printed) Kyle Hamilton	