FOR ARREST CHECK YES [X] NO [ ]

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

1. Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Complaint Affidavit 5. Request for Capias 6. Juvenile Referral

Juvenile: 1

ADMINISTRATIVE

OBTS Number: 0501-403284	Agency ORI Number: FL0050000	Agency Name: Brevard County Sheriff's Office	Agency Report Number: 2019-00469892
Charge Type (Check as many as apply): [X] 1. Felony [ ] 2. Traffic [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other	Weapon Seized/Type: 1. Yes 2. No [ ] Unarmed		Agency Arrest Number: 4911584
Location of Arrest (Include Name of Business): 1700 W NEW HAVEN AV Melbourne	City	Location of Offense (Business Name, Address): 1700 W NEW HAVEN AV	City: Melbourne
Date of Arrest: 12/30/2019	Time of Arrest: 15:28	Transport Date: 12/30/2019	Transport Time: : Jail Date: 12/30/2019
Jail Time: 18:15	Fingerprinted: [ ] Identification Only [ ] Criminal [ ] AFIS By:		
Date of Offense: 12/30/2019	FDLE Number:	DOC Number:	FBI Number:

DEFENDANT/JUVENILE

Name (Last, First, Middle): INVICTUS, AUGUSTUS SOL								Alias:
Race: [X] W-White A-Asian B-Black I-American Indian U-Unknown	Sex: M	Date of Birth: 07/31/1983	Height: 6'3	Weight: 160	Eye Color: Hazel	Hair Color: Brown	Complexion: Light	Build: Tall
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Indication of: Alcohol Influence [ ] Y [ ] N [ ] Unk; Drug Influence [ ] Y [ ] N [ ] Unk
Local Address (Street, Apt. Number): 10346 SW 64TH CT. OCALA, FL 34476	(City)	(State)	(Zip)	Phone: ( )				Residence Type: 1.City 2.County 3.Florida 4.Out of State
Permanent Address (Street, Apt. Number) or Parent's Name If Juv.	(City)	(State)	(Zip)	Phone: ( )				Parent Contacted [ ] Y [ ] N
Business Address (Name, Street) or Parent's Address if Juv.: No Info Available	(City)	(State)	(Zip)	Phone: ( )				Occupation
Driver's License State/Number: FL I512017832710	*Social Security Number: [redacted]		INS Number:	Place of Birth: Ohio				Citizenship: US

*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age: / /	[ ] 1. Arrested [ ] 2. At Large; [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age: / /	[ ] 1. Arrested [ ] 2. At Large; [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; A. Smuggle; D. Deliver; E. Use; K. Dispense/Distribute; M. Manufacture/Produce/Cultivate; Z. Other; U. Unknown

Drug Type: N. N/A; A. Amphetamine; B. Barbiturate; C. Cocaine; E. Heroin; H. Hallucinogen; M. Marijuana; O. Opium/Derv.; P. Paraphernalia/Equipment; S. Synthetic; Z. Other

CHARG

Charge Description: Out of State Fugitive			Counts: 1	[ ] F.S. [ ] Ord.	Statute/Violation Number: 941.13	Violation of Section (ORD): Commit
Activity	Drug Type	Amount/Unit	Bond Amount: $00.00		Court Number: 2019A4620303159A	
[ ] PC [ ] Capias [ ] AC [X] BW [ ] FW [ ] PW [ ] Juv. PU [ ] Citation			Date Issued: 12/23/2019		[ ] Writ. Att. [ ] Domestic Viol. Inj. [X] Order of Arrest	

CHARG

Charge Description: Out of State Fugitive			Counts: 1	[ ] F.S. [ ] Ord.	Statute/Violation Number: 941.13	Violation of Section (ORD): Commit
Activity	Drug Type	Amount/Unit	Bond Amount: $00.00		Court Number: 2019A46203030179	
[ ] PC [ ] Capias [ ] AC [ ] BW [ ] FW [ ] PW [ ] Juv. PU [ ] Citation			Date Issued: 12/23/2019		[ ] Writ. Att. [ ] Domestic Viol. Inj. [ ] Order of Arrest	

PROBABLE CAUSE STATEMENT

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 30th day of December, 2019 at 1528 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

Out of county warrants (Rockhill PD - South Carolina) reference Kidnapping, Domestic Violence High & aggravated, Possession of a firearm during a crime of violence. CC#1415

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 enclosed Y____ N X Continue for: Narrative [ ] Charges [ ]

GANG/SG

In accordance with F.S.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate.

[ ] GANG MEMBER [ ] GANG ASSOCIATE [ ] ADMITS [ ] ID BY PHYSICAL EVIDENCE [ ] ID BY PARENT [ ] DOCUMENTED [ ] IN COMPANY OF MEMBERS [ ] STYLE OF DRESS [ ] HAND SIGNS [ ] AUTHORIZED COMMUNICATION [ ] TATTOO [ ] KNOWN ASSOCIATE [ ] ID BY INFORMANT

NOTICE TO APPEAR

Mandatory Appearance In Court

Location (Court, Room Number, Address):

Time: Month Day Year Time : [ ] A.M. [ ] P.M.

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 Juv. Parent/Custodian	Release to: (Name)	Date	Time
			/ /	:

[ ] Miranda Warning

Hold for Other Agency Name: ROCK HILL PD

Verified By:

ADMINISTRATIVE

Adults Only: [ ] Hold for First Appearance Do Not Bond Out Reason:

I swear/affirm the above and attached statements are true and correct.
Yes

Officer's/Complainant's Signature
Electronically Signed

ID No./Dist.
1012 Fugitive

Name (Printed)
Ghawi Aziz

Sworn to subscribed before me, the undersigned authority this ____ day of 12/30/2019

Signature Electronically Signed

Print or Type Name Woods, Alysha

Notary/Law Enforcement Officer In Performance of Official Duties
Personally Known [X] ID Produced [ ]

BOND INFORMATION

Date: / /	Bonding Agency		
Bond #	Amount		
Bond #	Amount		
Returnable Court Date: / /	Returnable Court Time: : [ ] A.M. [ ] P.M.		
Court Location	Page 1 of 1 Page		

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