

PC/NC/CIC CHECK YES ☒ NO ☐ARREST NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT
JUVENILE REFERRAL

OBTS Number 0501-429037		Agency ORI Number FL0051000		Agency Name SATELLITE BEACH POLICE DEPARTMENT		Agency Report Number 2021-00009336		Agency Arrest Number	
Charge type, check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Weapon/Device Type 1. Yes Hands Feet 2. No		Location of Arrest (Include Name of Business) 1866 Highway A1A Indian Harbour Beach		Location of Offense (Business Name, Address) 1777 Highway A1A 1		City SATELLITE BEACH	
Date of Arrest 09/14/2021	Time of Arrest 12:57	BCSO Date	BCSO Time	Jail Date 9/14/2021	Jail Time 1830	Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal	By		
Date of Offense 09/09/2021	FDLE Number	DOC Number		FBI Number					
Name (Last, First, Middle) Fleming, Matthew Joseph		Alias							
Sex M	Date of Birth 05/21/1981	Height 6'0	Weight 190	Eye Color Unknown	Hair Color Sandy	Complexion Light	Build		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Und	
Local Address (Street, Apt. Number) 1777 Highway A1A 1 Satellite Beach, FL 32937				(City)	(State)	(Zip)	Phone (321)960-0232	Residence Type 1. City <input checked="" type="radio"/> 3. Florida 2. County <input type="radio"/> 4. Out of State	
Permanent Address (Street, Apt. Number) or				(City)	(State)	(Zip)	Phone	Parent Contacted <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Business Address (Name, Street) or Parent's Name / Address if Juvenile				Phone		Occupation Self Employed			
Driver's License State/Number FL F45550811811		Social Security Number		INS Number		Place of Birth MO		Citizenship United States US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth or Age		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth or Age		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Activity S. Sell N. N/A P. Possess		E. Smuggle D. Deliver E. Use		K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Opium Deriv.		P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other					
Charge Description BATTERY / DOM VIOL		Counts 1	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd	Statute Violation Number 784.03		Violation of Section (ORD)			
Activity		Drug Type	Amount/Unit	Bond Amount NONE RK	Court Number				
<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation		Date Issued		<input type="checkbox"/> Writ Att <input type="checkbox"/> Domestic Viol Inj <input type="checkbox"/> Order of Arrest					
Charge Description		Counts	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Statute Violation Number		Violation of Section (ORD)			
Activity		Drug Type	Amount/Unit	Bond Amount	Court Number				
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation		Date Issued		<input type="checkbox"/> Writ Att <input type="checkbox"/> Domestic Viol Inj <input type="checkbox"/> Order of Arrest					
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 9th day of September, 2021 at 09:11 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
Said offender, Matthew Joseph Fleming, did strike the victim in the back of the head with an open hand. This is seen in home security footage that was provided to police. In said video, this officer, Officer Ronald Kinsey #472, did see the offender intentionally strike the victim with force. This strike was in the back of the head with an open hand causing his brother John's head to go forward from the strike. This was following a verbal altercation.									
Pursuant to Florida Statute 938.27 the investigative cost incurred by this agency is \$ 149.00									
Continued for Narrative <input checked="" type="checkbox"/> Charges <input type="checkbox"/>									
Mandatory Appearance In Court		Location (Court, Room Number, Address)							
Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> 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		Released to: (Name)		Date Time	
<input type="checkbox"/> Miranda Warning		Hold for Other Agency Name:		Verified By		Date		Bonding Agency	
<input type="checkbox"/> Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason:		Sworn to and subscribed before me, the undersigned		Authority this 14 day of SEPT. 2021		Bond #		Amount	
I swear/affirm the above and attached statements are true and correct I Do		Signature STEVE OWENS		Print or Type Name STEVE OWENS		Bond #		Amount	
Officer's/Complainant's Signature Ronald Kinsey 472		Notary/Law Enforcement Officer in Performance of Office Duties Personally Known <input type="checkbox"/> ID Produced <input type="checkbox"/>		Returnable Court Date		Returnable Court Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
ID No./Dist. 472		Court Location		Page		Page			
Name (Printed) Ronald Kinsey								1 OF 2	

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY

Clerk 127

AGENCY NAME: SATELLITE BEACH POLICE DEPARTMENT
BREVARD COUNTY, FLORIDA

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.

2021-00009336

(Last, First, Middle) **Fleming, Matthew Joseph**
DEFENDANT JUVENILE:

OBTS NO.

Said strike was actual and intentional and was against the will of the victim. The Offender and victim are related by blood as they are brothers. This incident/disturbance is approximately the 9th reported incident involving these two parties since mid-June 2021.

Officer's Signature

Ronald Kinsey 472

Officer's Name PRINTED

Kinsey, Ronald

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY

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