FCIC/NCIC CHECK YES [X] NO [ ]

ARREST NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT
JUVENILE REFFERAL

Administrative

OBTS Number: 0901388036

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

Agency ORI Number: FL0051100

Agency Name: TITUSVILLE POLICE DEPARTMENT

Agency Report Number: 2019-00009031

Charge type, check as many as apply: [X] 1. Felony [ ] 3. Misdemeanor [ ] 5. Ordinance [ ] 2. Traffic Felony [ ] 4. Traffic Misdemeanor [ ] 6. Other

Weapon Seized? Type: 1. Yes 2. (No) — 1. Unarmed

Agency Arrest Number: 275803

Location of Arrest (Include Name of Business): 1724 GULDAHL DR Titusville — City:

Location of Offense (Business Name, Address): [redacted] — City:

Date of Arrest	Time of Arrest	BCSO Date	BCSO Time	Jail Date	Jail Time	Fingerprinted	By:
02/13/2019	16:14			2/13/19	1900	[ ] Identification Only [ ] AFIS [ ] Criminal	

Date of Offense	FDLE Number	DOC Number	FBI Number
02/13/2019			

Defendant/Juvenile

Name (Last, First, Middle): Buskey, Robert Ronald — Alias:

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
(W) White I – American Indian B – Black O – Oriental/Asian	M	11/23/1987	5'08	170	Blue	Brown	light	Small

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

Indication of: Alcohol Influence Y [ ] N [ ] Unk [X]; Drug Influence Y [ ] N [ ] Unk [X]

Local Address (Street, Apt. Number) (City) (State) (Zip): 1724 GULDAHL DR Titusville, FL 32780- — Phone: (321)567-5224 — Residence Type: 1 (1) City 2 County 3 Florida 4 Out of State

Permanent Address (Street, Apt. Number) or (City) (State) (Zip): — Phone: ( ) — Parent Contacted Y [ ] N [ ]

Business Address (Name, Street) or Parent's Name / Address if Juv.: — Phone: ( ) — Occupation:

Driver's License State/Number	Social Security Number	INS Number	Place of Birth	Citizenship
FL B200776874230	[redacted]		FL	US

Co-Def & Charge

Co-Defendant Name (Last, First, Middle): FRENCH, JULIA — Race: Whi — Sex: Fem — Date of Birth or Age: 03/30/1998 20 — [X] 1. Arrested [ ] 2. At Large — [X] 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 R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other

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

Charge Description	Counts	F.S. / Ord.	Statute Violation Number	Violation of Section (ORD)
FELONY CHILD NEGLECT (DV)	1	[X] F.S. [ ] Ord.	827.03(3)(b)	

Activity	Drug Type	Amount/Unit	Bond Amount	Court Number
			0000	

[X] PC [ ] Capias [ ] AC [ ] BW [ ] FW [ ] PW [ ] Juv. PU [ ] Citation — Date Issued: — [ ] Wnt. Att. [ ] Domestic Viol. Inj. [ ] Order of Arrest

Charge Description	Counts	F.S. / Ord.	Statute Violation Number	Violation of Section (ORD)
		[ ] F.S. [ ] Ord.		

Activity	Drug Type	Amount/Unit	Bond Amount	Court Number

[ ] FC [ ] Capias [ ] AC [ ] BW [ ] FW [ ] PW [ ] Juv. PU [ ] Citation — Date Issued: — [ ] Wnt. 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 13 day of FEB, 2019 at 1648 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

The above defendant did commit the crime of felony child neglect causing great bodily harm, permanent disability, or permanent disfigurement. The defendant willfully failed or omitted to provide the infant child with care and services necessary to maintain the infant's physical health; to include food, nutrition, medicine, and medical services.

Continued for: Narrative [X] Charges [ ]

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	Released to: (Name)	Date	Time

Administrative

[X] Miranda Warning — Hold for Other Agency Name: — Verified By:

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

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

Officer/Complainant Signature:

ID No./Dist.: 760

Name (Printed): Lauren Watson

Sworn to and subscribed before me, the undersigned
Authority this 13 day of Feb 2019
Signature:
Print or Type Name: C. Jones

Notary/Law Enforcement Officer in Performance of Office 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 2

COURT FILE STATE ATTORNEY SHERIFF'S RECORDS JAIL LAW ENFORCEMENT DEFENDANT'S COPY Clerk 127

AGENCY NAME: TITUSVILLE POLICE DEPARTMENT
BREVARD COUNTY, FLORIDA

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.
2019-00009031

(Last, First, Middle) **Buskey, Robert, Ronald**
DEFENDANT/JUVENILE:

OBTS NO.

Charge						
Charge Description			Counts	☐ F.S. ☐ Ord.	Statute Violation Number	Violation of Section (ORD)
Activity	Drug Type	Amount/Unit	Bond Amount		Court Number	
☐ PC ☐ Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv PU ☐ Citation			Date Issued		☐ Writ. Att. ☐ Domestic Viol. Inj. ☐ Order of Arrest	
Charge Description			Counts	☐ F.S. ☐ Ord.	Statute Violation Number	Violation of Section (ORD)
Activity	Drug Type	Amount/Unit	Bond Amount		Court Number	
☐ PC ☐ Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv PU ☐ Citation			Date Issued		☐ Writ. Att. ☐ Domestic Viol. Inj. ☐ Order of Arrest	

The defendant failed to follow physician orders in regards to the nutrition of the infant. The infant was seen on November 1, 2018 and again on February 5, 2019 during that time the defendant changed the infant's food and he lost significant body mass. The infant was born at 7lbs 9oz on [redacted] The infant today, was [redacted] months [redacted] days and weighed approximately 8lbs 8oz. The infant was lethargic and not crying. The infant was diagnosed failure to thrive and malnourished by emergency room doctor.
The defendant is the [redacted] to the infant and one of the [redacted]
Full report to follow.

Officer's Signature

Officer's Name PRINTED
Watson, Lauren

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