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|---|---|---|---|--|---|
| FOIPA/CHECK YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | ARREST/NOTICE TO APPEAR PROBABLE CAUSE AFFIDAVIT/ JUVENILE REFERRAL | | 1. Arrest | 4. Complaint Affidavit |
| OBTS Number 0501394831 | 102A | | | 2. Notice to Appear | 5. Request for Copias |
| Agency OR Number FL0050000 | Agency Name Brevard County Sheriff's Office | Agency Report Number 2019-00231798 | | 3. Arrest Affidavit | 6. Juvenile Referral |
| Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | Weapon Seized/Type 1. Yes 2. No <input checked="" type="checkbox"/> Unarmed | Agency Arrest Number 4892424 | Juvenile <input type="checkbox"/> |
| Location of Arrest (Include Name of Business) City | | Location of Offense (Business Name, Address) | | City Cocoa Beach | |
| Date of Arrest 06/26/2019 | Time of Arrest 03:02 | Transport Date 06/26/2019 | Transport Time | Jail Date 06/26/2019 | Jail Time 06:16 |
| Date of Offense 06/26/2019 | FDLE Number | DOC Number | | Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> Criminal | By: <input type="checkbox"/> AFS |
| Name (Last, First, Middle) _____ Alias _____ | | | | | |
| Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth _____ | Height 5'07.0 | Weight _____ | Eye Color Hazel |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | Hair Color Brown | Complexion Fair | Build Small <input checked="" type="checkbox"/> |
| Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ | | | | | Phone _____ |
| Permanent Address (Street, Apt. Number) or Parent's Name if Juv. _____ (City) _____ (State) _____ (Zip) _____ | | | | | Phone _____ |
| Business Address (Name, Street) or Parent's Address if Juv. _____ (City) _____ (State) _____ (Zip) _____ | | | | | Phone _____ |
| Driver's License State/Number FL _____ | Social Security Number _____ | INS Number _____ | Place of Birth Florida | 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-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth (Age) | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth (Age) | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile |
| Arrest by A. A.A. B. Possess. | S. Sell E. Buy T. Traffic | D. Deliver E. Use | K. Dispose/Distribute M. Manufacture/Production/Cultivate Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin |
| Charge Description Controlled Substance - Poss WO Prescription | | Counts 1 | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. | Statute Violation Number 893.13.6a | Violation of Section (ORD) Commit |
| Activity Possess | Drug Type Other Narcotics | Amount/Unit 3.00 / Each | Bond Amount \$2000.00 | 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 Marijuana - Possession <20 Gr | | Counts 1 | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. | Statute Violation Number 893.13.6b | Violation of Section (ORD) Commit |
| Activity None | Drug Type Marijuana Loose | Amount/Unit .09 / Grams | Bond Amount \$500.00 | 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 |
| 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 26TH day of JUNE, 2019 at 0302 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specify include facts constituting cause for arrest) | | | | | |
| *****SEE PAGE TWO***** | | | | | |
| In accordance with F.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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Continue for Narrative <input type="checkbox"/> Charges <input checked="" type="checkbox"/> | | | | | |
| In accordance with F.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate. <input type="checkbox"/> GANG MEMBER <input type="checkbox"/> ADMITS <input type="checkbox"/> ID BY PARENT <input type="checkbox"/> DOCUMENTED <input type="checkbox"/> STYLE OF DRESS <input type="checkbox"/> HAND SIGNS <input type="checkbox"/> TATTOO <input type="checkbox"/> KNOWN ASSOCIATE <input type="checkbox"/> GANG ASSOCIATE <input type="checkbox"/> ID BY PHYSICAL EVIDENCE <input type="checkbox"/> IN COMPANY OF MEMBERS <input type="checkbox"/> AUTHORIZED COMMUNICATION <input type="checkbox"/> ID BY INFORMANT | | | | | |
| 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 | | Release to: (Name) | Date |
| | | | | | Time |
| <input checked="" type="checkbox"/> Child's Warrant | | Hold for Other Agency | Verified By: | | |
| | | Name | | | |
| Activities Only <input type="checkbox"/> No for First Appearance <input type="checkbox"/> Do Not Bond Out, Reason: | | Sworn to subscribed before me, the undersigned authority this _____ day of 06/26/2019 | | Date | Bonding Agency |
| I confirm the above and stated statements are true and correct. Yes | | Signature Electronically Signed | | Bond # | Amount |
| Officer's/Complainant's Signature Electronically Signed | | Print or Type Name Pack, Tawnya | | Bond # | Amount |
| ID No./Dist. 4297 | | Patrol - Canaveral | | Returnable Court Date | Returnable Court Time |
| Name (Printed) Irizarry Rodriguez Heiden | | Notary Law Enforcement Officer in Performance of Official Duties Personally Known <input checked="" type="checkbox"/> ID Produced <input type="checkbox"/> | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| | | | | Court Location | Page 1 of 2 |

AGENCY NAME: Brevard County Sheriff's Office

BREVARD COUNTY, FLORIDA

AGENCY REPORT NO.
2019-00231798

NARRATIVE Continuation Page 2 of 2

DEFENDANT/JUVENILE: **FITZGERALD, CAITLIN, SIERRA**

OBS NO.
0501394831

| | | | | | | | |
|---------------|--|-------------|-------------|-----------------------------------|--|--|----------------------------|
| CHARGE | Charge Description | | | Counts | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. | Statute Violation Number | Violation of Section (ORD) |
| | Acitivity | Drug Type | Amount/UNIT | Bond Amount | Court Number | | |
| | <input type="checkbox"/> PC <input type="checkbox"/> <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"/> Wait-Aft | <input type="checkbox"/> Domestic Viol. Inj. | <input type="checkbox"/> Order of Arrest | |
| CHARGE | Charge Description | | | Counts | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord. | Statute Violation Number | Violation of Section (ORD) |
| | Acitivity | 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"/> Wait-Aft | <input type="checkbox"/> Domestic Viol. Inj. | <input type="checkbox"/> Order of Arrest | |

On the above-stated date and time, while patrolling the area of North Azure Lane, Cocoa Beach, Brevard County, Florida, 32931. I observed two occupants in a Green, Honda bearing Florida Tag " [REDACTED] " parked in an empty parking lot. Based on my training, experience, and education, I observed the driver [REDACTED] (Defendant) smoking a marijuana joint. Upon making contact, I detected the odor of fresh marijuana emitting from the vehicle.

A probable cause search of the vehicle resulted in the discovery of a female purse in the rear sit. Inside a green bottle, the following items were located; (2 full) Yellow Xanax rectangle pill and three partial Xanax pills (Controlled substance) and (1) Acetaminophen and Hydrocodone Bitartrate pills (Controlled Substance). These pills were identified using the online server Drugs.com.

During a Post Miranda Interview with the defendant; She admitted to possession of the Xanax pills without a Florida Prescription. She also admitted to smoking marijuana.

*****DETAIL CASE REPORT TO FOLLOW*****

Officer's Signature
Electronically Signed

Officer's Name PRINTED
Heldén Irizarry Rodriguez, 4297