

<b>PROBABLE CAUSE AFFIDAVIT</b>		FORM On View (PC Arrest) <input checked="" type="checkbox"/> <b>On View (PC Arrest)</b>		Capias Request _____		Summoned/Cited (NTA) _____		JUVENILE YES _____ NO <input checked="" type="checkbox"/>	
PURPOSE Taken into Custody (Warrant/Capias Arrest) _____		AMENDED _____		Referral _____		Civil Citation _____			
Arresting Agency ORI <b>FL0050000</b>		Arresting Agency Name <b>BREVARD COUNTY SHERIFF'S OFFICE</b>		Arresting Agency Case/Arrest Number <b>2025-00137829</b>		OBTs Number <b>0501-483875</b>			
FDLE (SID) Number		FBI Number		DOC Number		Transport Time		Jail Date / Time <b>05/04/2025 18:52</b>	
						Jail Booking Number <b>2025-00005347</b>		Booking Agency ORI <b>FL0050000</b>	
Location of Arrest (Include Name of Business) <b>Crossroad Grocery 1570 N TROPICAL TR Merritt Island FL 32953</b>				City <b>Crossroad Grocery 1570 N TROPICAL TR Merritt Island FL 32953</b>				Location of Offense (Business Name, Address) <b>Crossroad Grocery 1570 N TROPICAL TR Merritt Island FL 32953</b>	
Offense Date OR Date Range <b>05/04/2025</b>				Arrest Date / Time <b>05/04/2025 17:53</b>		Charge Type (Check as many as apply) Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance <input checked="" type="checkbox"/> Felony _____		Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____	
Name (Last, First, Middle) <b>MANUEL CARLOS EUGENE</b>		Alias and Type		Date of Birth <b>03/19/1975</b>		Age <b>50</b>		Jacket Number <b>164823</b>	
Race <b>B-Black</b>		Ethnicity <b>Non-Hispanic</b>		Sex <b>Male</b>		Height <b>5' 10"</b>		Weight <b>200</b>	
Eye Color <b>Brown</b>		Hair Color <b>Brown</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					
Local Address (Street, Apt. Number) <b>612 DUMMITT AV, Titusville FL 32796</b>		City, State, Zip		Phone/Type (include area code) <b>(321)362-0789</b>		Primary Language <b>English</b>		English <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile <b>612 DUMMITT AV Titusville FL Titusville</b>		City, State, Zip		Phone/Type (include area code)		Complexion <b>Dark</b>			
Business Address (Name, Street) or School if Juvenile <b>NO INFO AVAILABLE</b>		City, State, Zip		Phone/Type (include area code)		Build <b>Average</b>			
Driver's License State / Number / Type <b>FL/ M540105750991</b>		Social Security Number* <b>[REDACTED]</b>		INS Number		Place of Birth <b>FL</b>		Citizenship <b>US</b>	
6 - E Oper Rest									
Residence Type: City _____ County <input checked="" type="checkbox"/> Florida _____ Out of State _____		Mark All that Apply (Y, N, Unk) Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input checked="" type="checkbox"/> Suspected of Using (Y, N, Unk) _____ Drugs <input checked="" type="checkbox"/>		Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <input checked="" type="checkbox"/>					
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 <b>Poss Alcohol in Public</b>		Counts <b>1</b>		F.S. _____ Statute / Ordinance Number <b>166.02-CX</b>		Reclassifier			
Drug Activity		Drug Type		Amount/ Unit		Bond Amount <b>\$,250.00</b>		Warrant / Citation / Court Number	
						per count <b>\$,250.00</b>		Total	
<p>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</p> <p>On the <u>4</u> day of <u>May</u>, 2025 at <u>5:53</u> AM <input checked="" type="checkbox"/> PM _____ (Specifically include facts constituting cause for arrest)</p> <p style="text-align: center;"><b>*****See Attached Narrative*****</b></p> <p style="text-align: center;">Confidential Victim Information Included - YES _____ NO <input checked="" type="checkbox"/></p> <p>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 \$ _____.</p> <p>Affidavit Attached: Yes _____ No _____ Continue for: Narrative _____ Charges _____</p>									
<b>Mandatory Appearance in Court</b>		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 Name:		Verified By:		Do Not Bond Out Reason		Hold for 1st Appearance (Adults Only)			
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on <u>05/04/2025</u>		Officer's/Complainant's Signature <b>Electronically Signed</b>		ID# <b>4514</b>		Officer's/Complainant's Name (Printed) <b>Matthew Rush</b>			
Sworn and Subscribed before me, the undersigned authority this _____ day of <u>05/04/2025</u>		Notary Signature <b>Electronically Signed</b>		Notary Name (Printed) <b>Fankhauser, Ashley</b>		Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____			
Patrol - East									
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AGENCY NAME: <b>BREVARD COUNTY SHERIFF'S OFFICE</b>				BREVARD COUNTY, FLORIDA		Arresting Agency Case Number <b>2025-00137829</b>	
Continuation Page <b>2</b> of <b>3</b>							
Defendant / Juvenile Name (Last, First, Middle) <b>MANUEL CARLOS EUGENE</b>						CBTS Number <b>0501-483875</b>	
CHARGE	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth/Age	Juvenile (Y or N)
	Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>						
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth/Age	Juvenile (Y or N)
	Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>						
CHARGE	PC <input checked="" 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 <b>Resist Officer WO Viol</b>			Counts <b>1</b>	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number <b>843.02</b>	Redassifier	
	Drug Activity		Drug Type	Amount / Unit	Bond Amount <b>\$,500.00</b>	Warrant / Citation / Court Number	
					<b>\$,500.00</b> per count <b>Total</b>		
CHARGE	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	Redassifier	
	Drug Activity		Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	
CHARGE	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	Redassifier	
	Drug Activity		Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number	
VEHICLE	Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
	* If Applicable, provide information related to the vehicle involved in the crime.						
<p>On the above date and time, I noticed a large gathering in the parking lot of Crossroad Grocery, located at 1570 North Tropical Trail, Merritt Island, Brevard County, Florida 32953. I noticed several people were smoking illegal substances and drinking alcohol; which is clear violation of county ordinance 62-1906 (3). I exited my marked patrol vehicle, wearing an agency issued Brevard County Sheriff's Office Deputy green uniform with star insignia, patches on each arm, and duty belt; which is clear identifiable as a Law enforcement officer. Defendant did consume an open 12oz can of Bud Light within 300 feet in physical presence of law enforcement in the parking lot of Crossroad Grocery, located at 1570 North Tropical Trail, Merritt Island, Brevard County, Florida 32953.</p> <p>While walking up to Defendant he threw the beer can in a large pile of other consumed beer cans. Once contact was made with Defendant, he was holding a clear plastic baggie containing green leafy substance and began rolling a "blunt" in my physical presence. I identified myself as a law enforcement officer and ordered Defendant this consumption was a clear county ordinance 62-1906 (3) and needed to put his hands behind his back.</p> <p>Defendant refused and began tensing and resisting my lawful order to do so. Defendant was then ordered to the ground, where he still actively resisted by tensing and pulling his away, while law enforcement was attempting to secure him in handcuff restraints. At this point, several people from the gathering began yelling and screaming at law enforcement, which hindered our investigation to secure Defendant. Once additional Brevard County Sheriff Deputies arrived on scene, Defendant was able to be secured in</p>							
Officer's/Complainant's Signature <b>Electronically Signed</b>				ID# <b>4514</b>	Officer's/Complainant's Name (Printed) <b>Matthew Rush</b>		

AGENCY NAME: <b>BREVARD COUNTY SHERIFF'S OFFICE</b>				BREVARD COUNTY, FLORIDA		Arresting Agency Case Number <b>2025-00137829</b>	
Continuation Page <b>3</b> of <b>3</b>							
Defendant / Juvenile Name (Last, First, Middle) <b>MANUEL CARLOS</b>				<b>EUGENE</b>		OBTS Number <b>0501-483875</b>	
<b>CHARGE</b>	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 _____						
<b>CHARGE</b>	PC _____ Capias _____ Warrant _____ Additional Charge _____			Date Issued	Writ/Aff.	Domestic Violence	Order of Arrest
	Charge Description			Counts	F.S. _____ Statute / Ordinance Number	Redassifier	
					Ord. _____		
	Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number		
<b>CHARGE</b>	PC _____ Capias _____ Warrant _____ Additional Charge _____			Date Issued	Writ/Aff.	Domestic Violence	Order of Arrest
	Charge Description			Counts	F.S. _____ Statute / Ordinance Number	Redassifier	
					Ord. _____		
	Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number		
<b>CHARGE</b>	PC _____ Capias _____ Warrant _____ Additional Charge _____			Date Issued	Writ/Aff.	Domestic Violence	Order of Arrest
	Charge Description			Counts	F.S. _____ Statute / Ordinance Number	Redassifier	
					Ord. _____		
	Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number		
<b>VEHICLE</b>	Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
	* If Applicable, provide information related to the vehicle involved in the crime.						
<p>handcuff restraints.</p> <p>Defendant was searched incident to arrest and secured in the rear of my marked patrol vehicle. He was transported to the BCDC, where he remanded in their custody.</p> <p>*****Case Report to Follow*****</p>							
Officer's/Complainant's Signature <b>Electronically Signed</b>				ID# <b>4514</b>	Officer's/Complainant's Name (Printed) <b>Matthew Rush</b>		