



\*25369465\*

FCJ/NCIC CHECK YES <input type="checkbox"/> NO <input type="checkbox"/> OBTs Number <b>0501-331860</b>		<b>658B</b> ARREST/NOTICE TO APPEAR PROBABLE CAUSE AFFIDAVIT/ JUVENILE REFERRAL <b>.86</b>		1. Arrest <input type="checkbox"/> 2. Notice to Appear <input type="checkbox"/> 3. Arrest Affidavit <input type="checkbox"/>		4. Complaint Affidavit <input type="checkbox"/> 5. Request for Capias <input type="checkbox"/> 6. Juvenile Referral <input checked="" type="checkbox"/>		Juvenile <input type="checkbox"/>	
Agency ORI Number <b>FL0050000</b>		Agency Name <b>Brevard County Sheriff's Office</b>		Agency Report Number <b>2016-00030544</b>		Agency Arrest Number <b>4745097</b>			
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <b>Unarmed</b>							
Location of Arrest (Include Name of Business) <b>2651 PINEAPPLE AV Mims</b>		City <b>Mims</b>		Location of Offense (Business Name, Address) <b>2651 PINEAPPLE AV</b>		City <b>Mims</b>			
Date of Arrest <b>01/26/2016</b>		Time of Arrest <b>11:45</b>		Transport Date		Transport Time		Jail Date <b>01/26/16</b>	
Date of Offense <b>1/26/2016</b>		FDLE Number		DOC Number		FBI Number		Fingerprinted <input type="checkbox"/> <input type="checkbox"/> Identification Only <input type="checkbox"/> Criminal <input type="checkbox"/> AFIS By:	
Name (Last, First, Middle) <b>Francis, Skyler Blake</b>									
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown Sex <b>M</b> Date of Birth <b>04/20/1993</b> Height <b>5'9</b> Weight <b>120</b> Eye Color <b>Blue</b> Hair Color <b>Blonde</b> Complexion <b>Medium</b> Build <b>Medium</b>									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Local Address (Street, Apt. Number) <b>2651 Pineapple AV Mims, FL 32754-</b> (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 <b>FL F652-782-93-140-0</b>		*Social Security Number		INS Number		Place of Birth <b>Florida</b>		Citizenship <b>U.S. Citizen</b>	
*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) <b>Johnson, Courtney</b>		Race <b>W</b> Sex <b>Fem</b>		Date of Birth or Age <b>09/16/1993 22</b>		<input checked="" type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input checked="" type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Activity S. Self N. N/A P. Possess R. Smuggle D. Deliver T. Traffic K. Dispense/ Distribute M. Manufacture/ Produce/Cultivate Z. Other Drug Type N. N/A C. Cocaine A. Amphetamine B. Barbiturate C. Cannabis H. Hallucinogen M. Marijuana O. Opium/Deft. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other									
Charge Description <b>Murder While Engaged in Felony Offense</b>		Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>-0-</b>		Counts <b>2</b>	
<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		Bond Amount <b>\$00.00</b>		Statute Violation Number <b>782.04.1a2</b>		Violation of Section (ORD)	
<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest		Date Issued		Bond Amount		Statute Violation Number		Violation of Section (ORD)	
<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		Bond Amount		Statute Violation Number		Violation of Section (ORD)	
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 <b>26</b> day of <b>January, 2016</b> at <b>11:45</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) <b>On the above listed date and time, deputies responded to 2651 Pineapple Avenue, Mims, Brevard County, Florida in reference to a disturbance. After arriving on scene, Deputy M. Hriciso and Deputy M. Skinner walked to the north side of the residence, on the outside of a privacy fence, due to the defendant and Ms. Johnson being heard in a verbal disturbance inside the fenced in backyard. While hearing the disturbance, deputies heard what they believed to be the female getting struck, followed by her yelling.</b>									
In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ c per mile for a total of \$ _____ Affidavit enclosed Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Continue for: Narrative <input checked="" type="checkbox"/> Charges <input type="checkbox"/>									
In accordance with F.S.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									
<b>Mandatory Appearance In Court</b>		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		Re-lease to: (Name)		Date		Time	
<input type="checkbox"/> Miranda's Warning		Hold for Other Agency Name:		Verified By:		Date		Bonding Agency	
<input type="checkbox"/> Adults Only <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do Not Bond Out Reason:		I swear, affirm the above and attached statements are true and correct.		Sworn to subscribed before me, the undersigned authority this <b>26</b> day of <b>January 2016</b>		Signature <b>Amick Jonathan</b>		Returnable Court <b>AM 11:35</b>	
ID No. <b>1380</b>		Name (Printed) <b>GCU - North</b>		Notary/Law Enforcement Officer in Performance of Official Duties.		Returnable Court <b>AM 11:35</b>		Page <b>1</b> of <b>2</b>	
Name (Printed) <b>Amick Jonathan</b>		Personally Known <input type="checkbox"/> ID Produced <input type="checkbox"/>		Court Location		Page		Page	

AGENCY NAME: Brevard County Sheriff's Office

**BREVARD COUNTY, FLORIDA**

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.  
**2016-00030544**

(Last, First, Middle)  
**DEFENDANT/JUVENILE: Francis, Skyler, Blake**

OBTS NO.

<b>CHARGE</b>	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number	
<b>CHARGE</b>	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	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"/> FW <input type="checkbox"/> Juv. P.U. <input type="checkbox"/> Citation <input type="checkbox"/> Date Issued <input type="checkbox"/> Wrt. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest						

The deputies identified themselves as Sheriff's Deputies, and asked for the defendant and Ms. Johnson to come outside of the fenced in area.

At that time, Ms. Johnson looked over the fence and said to the deputies, "I'm fine", then stepped down and walked back into the backyard. Deputy Hriciso and Deputy Skinner again gave verbal commands for the defendant and Ms. Johnson to come back outside of the fenced in area.

Upon refusal, and for fear of a physical disturbance continuing, Deputy Hriciso pulled the fence down, and entered into the backyard. Once inside, Deputy Hriciso made contact with the defendant, while Deputy Skinner made contact with Ms. Johnson. While speaking with the defendant, Deputy Hriciso's attention was diverted to Deputy Skinner, at which point he heard what sounded like an expandable baton opening. As Deputy Hriciso turned, the defendant struck Deputy Hriciso on the top of the head, with an unknown black object, causing him to drop to a knee and then fall backwards.

Once he was on the ground, the defendant then got on top of Deputy Hriciso, "straddled" his mid section, and struck him approximately three more times on the top of the head causing multiple lacerations. After being struck, Deputy Skinner attempted to assist Deputy Hriciso, however upon her approaching, she was struck in the head with the black metal object, causing her to fall to the ground.

After Deputy Skinner fell to the ground, the defendant then reapproached Deputy Hriciso. Before he was able to reach Deputy Hriciso, the defendant was stopped by Ms. Johnson.

After Ms. Johnson was separated from the defendant, the defendant was successfully placed under arrest.

Due to the incident, Deputy Hriciso was flown from the scene via LifeFlight to Holmes Regional Medical Center, and was required to be admitted. He sustained three lacerations to his head requiring stitches.

Deputy Skinner was transported to Parrish Medical Center. She sustained a hemotoma to the back of her head, along with a laceration to the back of her head requiring staples.

\*\*\*Case Report to Follow\*\*\*

Officer's Signature 	Officer's Name PRINTED <b>Jonathan Amick, 1380</b>
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COURT FILE   STATE ATTORNEY   SHERIFF'S RECORDS   JAIL   LAW ENFORCEMENT   DEFENDANT'S COPY