

ADMINISTRATIVE	FCIC/NCIC CHECK YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		ARREST/NOTICE TO APPEAR PROBABLE CAUSE AFFIDAVIT/ JUVENILE REFERRAL		CD# 13-259102	
	OBTN Number 0201289751		Agency ORI Number		Agency Name Florida Department of Law Enforcement	
	Agency Report Number E1-14-0118		Agency Arrest Number CID# 124453		Juv. Referral <input type="checkbox"/>	
DEFENDANT/JUVENILE	Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other	
	Location of Arrest (Include Name of Business) Sunrise & Wickham		City Melbourne		Location of Offense (Business Name, Address) City	
	Date of Arrest 08/15/2013		Time of Arrest 0800am		Transport Date 8/15/13	
CO-DEF	Date of Offense 8/15/13		FDLE Number		DOC Number	
	Name (Last, First, Middle) Dupree, William Matthew		Alias		Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> AFS By:	
	Race W-White B-Black U-Unknown		Sex M		Date of Birth 04/01/1966	
CHARGE	Height 6'01		Weight 262		Eye Color BRN	
	Hair Color BRN		Complexion		Build	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
CHARGE	Local Address (Street, Apt. Number) 504 Lake Victoria Circle, Melbourne, FL 32940		(City) (State) (Zip)		Phone 321-431-4568	
	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 () () ()	
CHARGE	Driver's License State/Number D160-933-66-121-0		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) Needelman, Mitchell Aaron		Race W		Sex M	
CHARGE	Co-Defendant Name (Last, First, Middle) Harr, Rose Mary		Race W		Sex F	
	Date of Birth or Age 10/23/1952		Date of Birth or Age 06/25/1958		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>	
	3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Violation of Section (ORD)	
CHARGE	Charge Description Principal to Commit Bribery (F2)		Counts 1		Statute Violation Number 777.011 / 838.015	
	Activity		Drug Type		Amount/Unit	
	Bond Amount 5,000		Court Number 2013CF-53989-XXXX-XX		Violation of Section (ORD)	
CHARGE	Charge Description Conspiracy to Commit Bribery (F3)		Counts 1		Statute Violation Number 777.04(3) / 838.015	
	Activity		Drug Type		Amount/Unit	
	Bond Amount 2,000		Court Number		Violation of Section (ORD)	
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 15 day of AUG 2013 at 10:00 A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)		**See attached Warrant**		Case # 05-2013-CF-053989-XXXX-XX Document Page # 3	
	In accordance with F.S.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 type="checkbox"/>		Continue for: Narrative <input 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					
NOTICE TO APPEAR	Mandatory Appearance In Court		Location (Court, Room Number, Address)		Time Month Day Year Time	
	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 VOLUNTARILY 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	
	Signature of Juv. Parent/Custodian		Release to: (Name)		Date Time	
ADMINISTRATIVE	Held for Other Agency Name:		Verified By:		Date	
	Held for First Appearance Do Not Bond Out, Reason:		Bonding Agency		Amount	
	I swear/affirm the above and attached statements are true and correct.		Sworn to subscribed before me, the undersigned authority this 15 day of AUG		Bond#	
BOND INFORMATION	Officer's Signature Daniel Augustyniak		Signature J. R. [Signature]		Returnable Court Date	
	ID No./Dist 1-DCLE 907		Print or Type Name J. R. [Signature]		Returnable Court Time	
	Name (Printed) DANIEL AUGUSTYNIK		Notary/Law Enforcement Officer in Performance of Official Duties Personally Known <input checked="" type="checkbox"/> ID Produced <input type="checkbox"/>		Court Location	
COURT FILE		STATE ATTORNEY		SHERIFF'S RECORDS		
JAIL		LAW ENFORCEMENT		DEFENDANT'S COPY		

AGENCY NAME: FLORIDA DEPT OF LAW FEAT UNIT

COUNTY, FLORIDA

NARRATIVE Continuation Page 2 Of 2

AGENCY REPORT NO.

EI-14-0118

(Last, First, Middle)

DEFENDANT/JUVENILE:

Dupree William Matthew

OBTS NO.

0501289757

CHARGE	Charge Description Principal to Commit Bid Tampering (F2)			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number 838.22	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount 5,000	Court Number 15-2013CF-33989-XXXX-XX		
CHARGE	<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. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest		
	Charge Description			Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
CHARGE	Activity			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. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest		

Officer's Signature

Officer's Name PRINTED

DANIEL AUGUSTYNIAK FDCE 907

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY