

TAB # 8



# ROCKLEDGE POLICE DEPARTMENT

CASE REPORT

CASE# 2017-00036334

1776 Jack Oates Bv

Rockledge, FL 32955

## ADDITIONAL SUBJECTS

<b>SUBJECT</b>	SUBJECT TYPE <b>Victim</b>		NAME (LAST FIRST MIDDLE SUFFIX) [REDACTED]				PRIMARY PHONE <b>Cellular Phone</b>	
	ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]						PHONE #2	
	DOB [REDACTED]	AGE or AGE RANGE <b>26</b>	SEX <b>Male</b>	RACE <b>White</b>	HEIGHT or RANGE [REDACTED]	WEIGHT or RANGE [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]
	DL NUMBER/STATE [REDACTED] FL		SSN [REDACTED]		ALIAS (LAST, FIRST, MIDDLE)			
	EMPLOYER NAME AND ADDRESS							

<b>SUBJECT</b>	SUBJECT TYPE <b>Suspect</b>		NAME (LAST FIRST MIDDLE SUFFIX) <b>Edwards, Gregory Lloyd</b>				PRIMARY PHONE <b>Cellular Phone</b>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>4029 Gardenwood CIR Grant- Valkaria, FL 32949</b>						PHONE #2	
	DOB <b>09/23/1980</b>	AGE or AGE RANGE <b>37</b>	SEX <b>Male</b>	RACE <b>Black</b>	HEIGHT or RANGE <b>5 11</b>	WEIGHT or RANGE <b>200</b>	HAIR <b>Black</b>	EYE <b>Brown</b>
	DL NUMBER/STATE [REDACTED] FL		SSN [REDACTED]		ALIAS (LAST, FIRST, MIDDLE)			
	EMPLOYER NAME AND ADDRESS							

<b>SUBJECT</b>	SUBJECT TYPE <b>Other</b>		NAME (LAST FIRST MIDDLE SUFFIX) <b>Klayman, Gregory E</b>				PRIMARY PHONE <b>Work</b>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>1776 Jack Oates BLVD RPD Rockledge, FL 32955</b>						PHONE #2	
	DOB	AGE or AGE RANGE	SEX <b>Male</b>	RACE <b>White</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		SSN --		ALIAS (LAST, FIRST, MIDDLE)			
	EMPLOYER NAME AND ADDRESS <b>Rockledge Police Department 1776 Jack Oates BLVD Rockledge FL 32955</b>							

<b>SUBJECT</b>	SUBJECT TYPE		NAME (LAST FIRST MIDDLE SUFFIX)				PRIMARY PHONE	
	ADDRESS (STREET, CITY, STATE, ZIP)						PHONE #2	
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		SSN		ALIAS (LAST, FIRST, MIDDLE)			
	EMPLOYER NAME AND ADDRESS							

REPORTING OFFICER <b>Holbrook, Nicholas</b>	DATE <b>10/2/2017</b>	REVIEWED BY <b>tdh105 Herbener, Timothy DJ 10/4/2017 03:41</b>
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# ROCKLEDGE POLICE DEPARTMENT

CASE REPORT

CASE# 2017-00036334

1776 Jack Oates Bv  
Rockledge, FL 32955

## ADDITIONAL SUBJECTS

<b>SUBJECT</b>	SUBJECT TYPE		NAME (LAST FIRST MIDDLE SUFFIX)				PRIMARY PHONE	
	Victim		[REDACTED]				Cellular Phone	
	ADDRESS (STREET, CITY, STATE, ZIP)							PHONE #2
	[REDACTED]							[REDACTED]
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
1/30/1991	26	Male	White	6 4	210	Brown	Brown	
DL NUMBER/STATE		SSN		ALIAS (LAST, FIRST, MIDDLE)				
[REDACTED] FL		[REDACTED]		[REDACTED]				
EMPLOYER NAME AND ADDRESS								

<b>SUBJECT</b>	SUBJECT TYPE		NAME (LAST FIRST MIDDLE SUFFIX)				PRIMARY PHONE	
	Suspect		Edwards, Gregory Lloyd				Cellular Phone	
	ADDRESS (STREET, CITY, STATE, ZIP)							PHONE #2
	4029 Gardenwood CIR Grant- Valkaria, FL 32949							[REDACTED]
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
09/23/1980	37	Male	Black	5 11	200	Black	Brown	
DL NUMBER/STATE		SSN		ALIAS (LAST, FIRST, MIDDLE)				
[REDACTED] FL		[REDACTED]		[REDACTED]				
EMPLOYER NAME AND ADDRESS								

<b>SUBJECT</b>	SUBJECT TYPE		NAME (LAST FIRST MIDDLE SUFFIX)				PRIMARY PHONE	
	Other		Klayman, Gregory E				Work	
	ADDRESS (STREET, CITY, STATE, ZIP)							PHONE #2
	1776 Jack Oates BLVD RPD Rockledge, FL 32955							[REDACTED]
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
		Male	White					
DL NUMBER/STATE		SSN		ALIAS (LAST, FIRST, MIDDLE)				
[REDACTED]		[REDACTED]		[REDACTED]				
EMPLOYER NAME AND ADDRESS								
Rockledge Police Department 1776 Jack Oates BLVD Rockledge FL 32955								

<b>SUBJECT</b>	SUBJECT TYPE		NAME (LAST FIRST MIDDLE SUFFIX)				PRIMARY PHONE	
	ADDRESS (STREET, CITY, STATE, ZIP)							PHONE #2
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
DL NUMBER/STATE		SSN		ALIAS (LAST, FIRST, MIDDLE)				
EMPLOYER NAME AND ADDRESS								

REPORTING OFFICER	DATE	REVIEWED BY
Holbrook, Nicholas	10/2/2017	tdh105 Herbener, Timothy D 10/4/2017 03:41



# ROCKLEDGE POLICE DEPARTMENT

## CASE REPORT

CASE# 2017-00036334

1775 Jack Oates Bv  
Rockledge, FL 32955

Redacted per FSS§ 119.071(5)(a)

EVENT	REPORTED DATE/TIME	10/2/2017 19:19	OCURRED INCIDENT TYPE	Battery
	OCURRED FROM DATE/TIME	10/2/2017 19:19	OCURRED THRU DATE/TIME	10/02/2017 19:19
			LOCATION OF OCCURRENCE	110 Longwood AV Rockledge, FL

OFFENSES	STATUTE/DESCRIPTION	ATTEMPT/COMMIT
	784.07(2)(b) Battery LEO/Firefighter/Emergency Medical Provider/Etc.	Commit
	784.03(1)(a)(2) Battery Cause Bodily Harm/Simple	Commit

SUBJECT	SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)	PRIMARY PHONE				
	Victim	[REDACTED]	Work (321)637-3000				
	ADDRESS (STREET, CITY, STATE, ZIP)		PHONE #2				
	110 Longwood AV Rockledge, FL 32955						
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR
		Female	White				
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
	--						
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

SUBJECT	SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)	PRIMARY PHONE				
	Victim	[REDACTED]	Cellular Phone [REDACTED]				
	ADDRESS (STREET, CITY, STATE, ZIP)		PHONE #2				
	[REDACTED]						
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR
[REDACTED]	36	Male	White	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
[REDACTED]		FL [REDACTED]					
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

SUBJECT	SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)	PRIMARY PHONE				
	Victim	[REDACTED]	Cellular Phone [REDACTED]				
	ADDRESS (STREET, CITY, STATE, ZIP)		PHONE #2				
	[REDACTED]						
	DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR
[REDACTED]	49	Male	Black	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
[REDACTED]		FL [REDACTED]					
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

NO. OFFICER	DATE	REVIEWED BY	
Holbrook, Nicholas	10/2/2017	Herbener, Timothy D	10/4/2017



# ROCKLEDGE POLICE DEPARTMENT

CASE REPORT

CASE# 2017-00036334

1775 Jack Oates Blvd  
Rockledge, FL 32955

Redacted per FSS§119.071(5)(a)

EVENT	REPORTED DATE/TIME	10/2/2017 19:19	OCCURRED INCIDENT TYPE	Battery
	OCCURRED FROM DATE/TIME	10/2/2017 19:19	OCCURRED THRU DATE/TIME	10/02/2017 19:19
			LOCATION OF OCCURRENCE	110 Longwood AV Rockledge, FL

OFFENSES	STATUTE/DESCRIPTION	ATTEMPT/COMMIT
	784.07(2)(b) Battery LEO/Firefighter/Emergency Medical Provider/Etc.	Commit
	784.03(1)(a)(2) Battery Cause Bodily Harm/Simple	Commit

SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)		PRIMARY PHONE				
Victim	[REDACTED]		Work (321)637-3000				
ADDRESS (STREET, CITY, STATE, ZIP)			PHONE #2				
110 Longwood AV Rockledge, FL 32955							
DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
		Female	White				
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
	--						
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)		PRIMARY PHONE				
Victim	[REDACTED]		Cellular Phone [REDACTED]				
ADDRESS (STREET, CITY, STATE, ZIP)			PHONE #2				
[REDACTED]							
DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
11/09/1980	36	Male	White	5 7	155	Brown	Brown
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
[REDACTED]	FL	[REDACTED]					
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE, SUFFIX)		PRIMARY PHONE				
Victim	[REDACTED]		Cellular Phone [REDACTED]				
ADDRESS (STREET, CITY, STATE, ZIP)			PHONE #2				
[REDACTED]							
DOB	AGE or AGE RANGE	SEX	RACE	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
3/11/1968	49	Male	Black	5 3	160	Bald	Brown
DL NUMBER/STATE	SSN	ALIAS (LAST, FIRST, MIDDLE)					
[REDACTED]	FL	[REDACTED]					
EMPLOYER NAME AND ADDRESS							
Wuesthoff Medical Center 110 Longwood AV Rockledge FL 32955							

REPORTING OFFICER	DATE	REVIEWED BY
Holbrook, Nicholas	10/2/2017	Herbener, Timothy D
		10/4/2017



**ROCKLEDGE POLICE DEPARTMENT**

**CASE REPORT**

**CASE# 2017-00036334**

1770 Jack Oates Bv

Rockledge FL 32965

**NARRATIVE**

On October 2, 2017 at 1919 hours, Lieutenant Gregory Klayman was working an off duty detail at Wuesthoff Medical Center, located at 110 Longwood Avenue. Lieutenant Klayman advised that he needed officers to respond to Wuesthoff Medical Center.

When I arrived on scene, I was informed that a Baker Act Patient had struck another Baker Act Patient. Mr. Gregory Edwards was inside of room number 12 in the emergency room. I was informed that Mr. Edwards had struck another patient. The other patient was identified as [REDACTED]. [REDACTED] was lying on a gurney in the hallway.

Mr. Michael Dillon, who is a security officer at Wuesthoff Medical Center, stated the following:

Mr. Dillon advised that he was standing in the hallway outside the Baker Act Room. Mr. Dillon stated that he and other security officers were talking to Mr. Edwards and he refused to go to Two West (which is the Baker Act Patient Wing). Mr. Dillon advised that he and the other security officers were in the process of moving Mr. Zygmunt, who was in the Baker Act Room with Mr. Edwards out of the room so Mr. Edwards could be medicated. At that time, Mr. Edwards stood up and started striking [REDACTED]. Mr. Dillon and the other security officers tried to separate Mr. Edwards and [REDACTED]. Mr. Dillon stated that Mr. Edwards grabbed [REDACTED] who is the charge nurse for the emergency room on her wrist. Mr. Edwards attacked [REDACTED] who is a security officer for Wuesthoff Medical Center by striking him in his face and bit [REDACTED] who is a security officer for Wuesthoff Medical Center on his hand by his thumb. Mr. Dillon advised that they were able to get Mr. Edwards under control and place him in four point restraints.

I made contact with [REDACTED] who stated the following:

[REDACTED] advised that he, along with Mr. Dillon were trying to get Mr. Edwards into a wheel chair so he could be taken to two west. [REDACTED] stated that Mr. Edwards was going to do things the hard way. [REDACTED] asked [REDACTED] to leave the room. However when [REDACTED] stood up, Mr. Edwards got up and attacked [REDACTED] by punching him in the face. [REDACTED] advised that he grabbed Mr. Edwards to pull him off of [REDACTED] however at that time; Mr. Edwards punched [REDACTED] in his face, knocking his glasses off. [REDACTED] along with other security officers was able to gain control of Mr. Edwards until a police officer placed him into handcuffs.

I made contact with [REDACTED] who is a security officer for Wuesthoff Medical Center, stated the following:

[REDACTED] advised that he was called to the emergency room to assist in dealing with Mr. Edwards. When [REDACTED] arrived at the emergency room, Mr. Edwards had already attacked [REDACTED] along with other security officers restrained Mr. Edwards. [REDACTED] stated that when he was trying to help restrain Mr.

<small>REPORTING OFFICER SIGNATURE</small> [REDACTED] <b>Brook, Nicholas</b>	<small>DATE</small> <b>10/2/2017</b>
<small>Sworn and subscribed before me on (F.S.S. 117.10 and 117.021)</small> <b>10/4/2017</b>	<small>SUPERVISORS SIGNATURE (Law Enforcement Officer in Performance of Official Duties)</small> <b>tdh105 Herbener, Timothy D 10/4/2017 03:41</b>



# ROCKLEDGE POLICE DEPARTMENT

CASE REPORT

CASE# 2017-00036334

1776 Jack Oates Bv

Rockledge, FL 32955

## NARRATIVE (continuation)

Edwards, Mr. Edwards intentionally bit him on the thumb.

I made contact with [REDACTED], who is the Charge Nurse for the emergency room to Wuesthoff Medical Center, stated the following:

[REDACTED] advised while attempting to move Mr. Edwards upstairs to Two West, he refused to be moved. [REDACTED] explained to Mr. Edwards that he was under a Baker Act and he had to be moved upstairs for a psychological evaluation. [REDACTED] stated that Mr. Edwards became angry and continued to refuse instructions. [REDACTED] advised that she asked security officers to remove [REDACTED] from the room. [REDACTED] stated that as soon as [REDACTED] stood up, Mr. Edwards punched him in his face. [REDACTED] advised that security officers grabbed Mr. Edwards off of [REDACTED]. However, Mr. Edwards attempted to grab [REDACTED] during the process. Mr. Edwards was taken to the ground. [REDACTED] stated that [REDACTED] remained on the ground with blood coming out of his nose until other staff members could get him safely out of the room. [REDACTED] advised that while security officers were attempting to restrain Mr. Edwards, he had intentionally bit one security guard and punched another in the head. [REDACTED] stated that Mr. Edwards had grabbed her on the right hand and dug her rings into her knuckles.

I made contact with [REDACTED] in room number five of the emergency room and he stated the following:

[REDACTED] advised that while he was awaiting transfer to another facility, hospital staff came in to take Mr. Edwards out of the room. [REDACTED] stated that Mr. Edwards was reluctant and asked to be given a moment because he was waiting for a phone call. [REDACTED] stated that staff members gave Mr. Edwards a minute. However, when staff members came back into the room, Mr. Edwards still didn't want to go. [REDACTED] stated that staff members gave Mr. Edwards the easy or the hard way choice. [REDACTED] advised that Mr. Edwards chose the hard way. [REDACTED] stated that [REDACTED] had asked him to get up and leave the room. [REDACTED] advised that as soon as he got up to leave the room, Mr. Edwards attacked him by pushing him into a chair and punching him in his face a few times. [REDACTED] also advised that Mr. Edwards tried to get him into a "chokehold", however Mr. Edwards was unsuccessful.

[REDACTED] and [REDACTED] all advised me that they would like to pursue criminal charges. Photographs were taken of the victims and Mr. Edwards. My body camera was also used during this incident. Mr. Edwards was medicated when I arrived at Wuesthoff Medical Center. Charges will be filed with the State Attorney's Office.

Attachments:

923.01

REPORTING OFFICER SIGNATURE

Holbrook, Nicholas

DATE

10/2/2017

Sworn and subscribed before me on 10/4/2017

who is personally known to me. (F.S.S. 117.10 and 117.021)

SUPERVISOR'S SIGNATURE (Law Enforcement Officer in Performance of Official Duties)

tdh105|Herbener, Timothy D|10/4/2017|03:41



# ROCKLEDGE POLICE DEPARTMENT

CASE REPORT

CASE# 2017-00036334

1775 Jack Oates Bv

Rockledge, FL 32955

## NARRATIVE (continuation)

Five Sworn Statements

Property Receipt

Cost Reimbursement Affidavits

REPORTING OFFICER SIGNATURE

**holbrook, Nicholas**

DATE

**10/2/2017**

Sworn and subscribed before me on 10/4/2017  
who is personally known to me (F.S.S. 117.10 and 117.021)

SUPERVISOR'S SIGNATURE (Law Enforcement Officer in Performance of Official Duties)

**tdh105|Herbener, Timothy D|10/4/2017|03:41**



FCIC/NIC CHECK YES  NO

ARREST NOTICE TO APPEAR  
PROBABLE CAUSE AFFIDAVIT  
JUVENILE REFERRAL

1 Arrest  4 Complain Affidavit   
2 Notice to Appear  5 Request for Capias   
3 Arrest Affidavit  6 Juvenile Referral

OBT Number \_\_\_\_\_ Avenue

Agency ORI Number: FL 0050900 Agency Name: ROCKLEDGE POLICE DEPARTMENT Agency Report Number: 2017-00036334

Charge type, check as many as apply:  1 Felony  3 Misdemeanor  5 Ordinance  2 Traffic Felony  4 Traffic Misdemeanor  6 Other  Weapon Section Type: 1 Yes  2 No

Location of Arrest (Include Name of Business): TBD City: \_\_\_\_\_ Location of Offense (Business Name, Address): 110 Longwood AV City: Rockledge

Date of Arrest: \_\_\_\_\_ Time of Arrest: \_\_\_\_\_ BCSO Date: \_\_\_\_\_ BCSO Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Fingerprinted:  Identification Only  AFIS  Criminal  By: \_\_\_\_\_

Date of Offense: 10/2/2017 FDLE Number: \_\_\_\_\_ DOC Number: \_\_\_\_\_ FBI Number: 427985HB4

Name (Last, First, Middle): Edwards, Gregory Lloyd Alias: \_\_\_\_\_

Race:  W - White  1 - American Indian  B - Black  O - Oriental/Asian Sex: M Date of Birth: 9/23/1980 Height: 511 Weight: 200 Eye Color: Bro Hair Color: Bla Complexion: Dar Build: Heavy

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): \_\_\_\_\_ Indication of Alcohol/Drug Influence:  V  H  U  N

Local Address (Street, Apt Number): 4029 Gardenwood CIR Grant-Valkaria, FL 32949 (City) (State) (Zip) Phone: (862)224-9363

Permanent Address (Street, Apt Number) or Business Address (Name, Street) or Parent's Name/Address if Juv: 4029 Gardenwood CIR Grant-Valkaria, FL 32949- Phone: ( ) Parent Contacted:  Y  N

Driver's License State/Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DHS Number: \_\_\_\_\_ Place of Birth: New Jersey Citizenship: U.S. Citizen

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  1 Arrested  2 At Large  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: S Sell, R Snuggle, K Dupon/Distribute, Type: N N/A, B Balthazate, H Halicacrogen, P Paraphernalia/Equipment, U Unknown  
N N/A, D Deliver, M Manufacture/Produce/Cultivate, A Amphetamine, C Cocaine, M Marijuana, O Opium/Deriv, S Synthetic, Z Other

Charge Description: Battery - LEO/Firefighter/Emergency Medical Provider/Etc. Counts: 3  Felony  Ord. Statute Violation Number: 784.07(2)(b) Violation of Section (ORD): \_\_\_\_\_

Activity: None Drug Type: None Amount/Unit: 0/Not Applicable 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: Battery Cause Bodily Harm/Simple Counts: 1  Felony  Ord. Statute Violation Number: 784.03(1)(a)(2) Violation of Section (ORD): \_\_\_\_\_

Activity: None Drug Type: None Amount/Unit: 0/Not Applicable Bond Amount: \_\_\_\_\_ Court Number: \_\_\_\_\_

PC  Capias  AC  BW  FW  PW  Juv. PU  Citation Date Issued: \_\_\_\_\_  Writ. Att.  Domestic Viol. Inj.  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 2 day of October, 2017 at 7:19  AM  PM (Specifically include facts constituting cause for arrest.)

See Last Page for Narrative

Continued for: Narrative  Charges

Mandatory Appearance In Court Location (Court Room Number, Address): \_\_\_\_\_ 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 Juv Parent/Custodian: \_\_\_\_\_ Released to: (Name) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Miranda Warning  Hold for Other Agency Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date \_\_\_\_\_ Bonding Agency \_\_\_\_\_

Adults Only  Hold for First Appearance  Do Not Bond Out Reason: \_\_\_\_\_ Bond # \_\_\_\_\_ Amount \_\_\_\_\_

I swear/affirm the above and attached statements are true and correct. I Do \_\_\_\_\_ Sworn to and subscribed before me, the undersigned \_\_\_\_\_ Authority this 4 day of OCT 2017

Signature of Officer/Complainant's Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Print or Type Name: T. HENNINGER 105

ID No./Dist.: 195 Name (Printed): Nicholas Holbrook Notary/Law Enforcement Officer in Performance of Office Duties Personally Known  ID Produced

Returnable Court Date \_\_\_\_\_ Returnable Court Time  A.M.  P.M.

Court Location \_\_\_\_\_ Page 1 of 2

AGENCY NAME: ROCKLEDGE POLICE DEPARTMENT

**BREVARD COUNTY, FLORIDA**

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.  
**2017-00036334**

(Last, First, Middle)

OBTS NO.

**DEFENDANT/JUVENILE: Edwards, Gregory Lloyd**

On the above date and time, based on sworn statements and officer investigation, the defendant (Gregory Edwards) committed the offenses listed above. The defendant was a patient under a Baker Act at Wuesthoff Medical Center, located at 110 Longwood Avenue. While the defendant was sitting in the Baker Act Room, located in the back of the emergency room, the defendant was going to be moved upstairs to Two West, which is the Baker Act Facility. However, the defendant refused to be moved. At first the defendant told staff members that he was waiting on a phone call. Staff members allowed the defendant to wait for another minute. When staff members came back to move the defendant, the defendant refused to be moved. Another Baker Act patient, (victim) who was identified as [REDACTED] was in the room with the defendant. He was told to exit the room. As soon as [REDACTED] got up to leave the room, the defendant, knowingly and intentionally struck [REDACTED] his face. Security officers and the Charge Nurse tried to separate the defendant from [REDACTED]. However, the defendant punched [REDACTED] (victim) in his face a couple of times. The defendant intentionally bit [REDACTED] (victim) on his hand, near his thumb and grabbed [REDACTED] hand (victim) during the struggle. It should be known that [REDACTED] is the Charge Nurse for the emergency room to Wuesthoff Medical Center. [REDACTED], [REDACTED] are security officers for Wuesthoff Medical Center. Pursuant to Florida State Statute 938.27, Rockledge Police Department requests restitution in the amount of \$119.47 in reference to this incident.

Officer's Signature



Officer's Name PRINTED

Holbrook, Nicholas

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

## NARRATIVE CONTINUATION / STATEMENT OF FACTS

1. Offense  
2. Arrest

1

Juvenile

1. Original  
2. Supplement  
3. Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2011 - 00036334</b>
---------------------------------------	------------------------------------	--

Original Date Reported <b>10/2/11</b>	Case Reference <b>Battery</b>
--	----------------------------------

Name (Last, First, Middle) [REDACTED]	Social Security Number: [REDACTED]
--	---------------------------------------

Home Address: **110 Longwood Ave Rockledge FL 32955**

Date of Birth: [REDACTED]	Residence Phone: <b>(321) 637-3000</b>	Business Phone: [REDACTED]
---------------------------	--	----------------------------

While attempting to move patient Gregory Edwards upstairs to 2 west patient refused to go upstairs. I explained to patient that he was a Baker Act and had to go upstairs for a psych evaluation. Patient then became angry and continued to refuse to go. I asked security to remove the other patient (Trans 2 y mont) to another room, when [REDACTED] stood to move out of the room patient Gregory Edwards punched [REDACTED] in the face. Security grabbed Gregory off of [REDACTED] and then Gregory Edwards attempted to grab me, Security grabbed him and took him down to the ground. Patient [REDACTED] remained on the ground with blood coming out of his nose until other staff members could get him safely out of the room. While attempting to restrain Gregory Edwards he bite one security guard and punched another in the head, he also grabbed my hand (right) and dug my rings into my knuckles causing bruising to my right hand. Patient [REDACTED] had to be re-evaluated medically. Results of injury to [REDACTED] are still pending.

Signature of Witness Under Oath [REDACTED]	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>Oct</u> 20 <u>11</u> <input checked="" type="checkbox"/> Personally Known / <input type="checkbox"/> ID Produced Signature: <u>ofc [REDACTED] #195</u> <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) [REDACTED]	ID# [REDACTED]
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Case Status 1 Cleared 2 Pending 3 Inactive	4 Non-Criminal 5 Filing-SAO	Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded	A-Adult J-Juvenile	Date Cleared / /	Number Arrested /	Related Reports:
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Exception Type 1 Extradition Declined 2 Arrest on Primary Offense 3 Secondary Offense W/O Prosecution	4 Death of Offender Refused to Cooperate 5 Prosecution Declined 6 Juvenile/No custody	Officer Reviewing/ID#: [REDACTED]	Page 1	Page 1
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## NARRATIVE CONTINUATION / STATEMENT OF FACTS

1. Offense  
2. Arrest

1

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
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Original Date Reported <b>10/2/17</b>	Case Reference <b>Battery</b>
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Name (Last, First, Middle) [REDACTED]	Social Security Number:
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Home Address: **110 Longwood Ave Rockledge FL 32955**

Date of Birth: <b>12/27/71</b>	Residence Phone: <b>(321) 637-3000</b>	Business Phone:
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While attempting to move patient Gregory Edwards upstairs to 2 west patient refused to go up stairs. I explained to patient that he was a Baker Act and had to go up stairs for a psych evaluation. Patient then became angry and continued to refuse to go. I asked security to remove the other patient (Travis 2 y/mont) to another room, when [REDACTED] stood to move out of the room patient Gregory Edwards punched [REDACTED] in the face. Security grabbed Gregory off of [REDACTED] and then Gregory Edwards attempted to grab me, Security grabbed him and took him down to the ground. Patient [REDACTED] remained on the ground with blood coming out of his nose until other staff members could get him safely out of the room. While attempting to restrain Gregory Edwards he bite one security guard and punched another in the head, he also grabbed my hand (right) and dug my rings into my knuckles causing bruising to my right hand. Patient [REDACTED] had to be re-evaluated medically. Results of injury to [REDACTED] are still pending.

Signature of Witness Under Oath [REDACTED]	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>oct</u> , 20 <u>17</u> <input checked="" type="checkbox"/> Personally Known / <input type="checkbox"/> I.D. Produced Signature <u>ofc [REDACTED] #1195</u> <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print)  (Signature)	ID#
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Case Status: 1. Cleared 4. Non-Criminal 2. Pending 5. Filing-SAO 3. Inactive	Clearance Type: 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared <b>1 / 1</b>	Number Arrested	Related Reports:
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Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense W/O Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile/No custody	Officer Reviewing/ID#	Page <u>1</u> of <u>1</u>
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# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1. Offense  
2. Arrest

Juvenile

1. Original  
2. Supplement  
3. Statement

1

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
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Original Date Reported <b>10 / 2 / 17</b>	Case Reference <b>Battery</b>
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Name (Last, First, Middle) <b>Dillon Michael Walter</b>	Social Security [REDACTED]
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Home Address:  
**3023 Sandgate Ct Cocoa FL 32926**

Date of Birth: <b>07-19-94</b>	Residence Phone: <b>(321) 443 1316</b>	Business Phone: <b>(321) 637 2762</b>
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I security officer Dillon was standing in the hallway outside of the (Bar) Baker Act Room we were talking to Mr. Gregory Edwards and he refused to go to Zwest we were in process of moving another patient out of the room to medicate Mr Edwards he then stood up and started striking the other patient. Me and my team of security officers jumped on him to separate the two men he then grabbed the charge nurse [REDACTED] by the wrist and struck one of my officers in the face [REDACTED] was the security officer he grabbed my wrist and I took him to the ground. He then bit another security officer in the hand by his thumb his name is [REDACTED]. we got everything under control we got him in 4 point restraints and medicated him.

Signature of Witness Under Oath 	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>Oct</u> 20 <u>17</u> <input checked="" type="checkbox"/> Personally Known / <input type="checkbox"/> I.D. Produced Signature <u>ofc [REDACTED] #195</u> <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) <b>[REDACTED]</b>	(Signature) <b>[REDACTED]</b>	ID# <b>[REDACTED]</b>
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Case Status 1. Cleared 2. Pending 3. Inactive	4. Non-Criminal 5. Filing-SAO	Clearance Type: 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared <b>1 / 1</b>	Number Arrested	Related Reports
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Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense W/O Prosecution	3. Death of Offender 4. VAW Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No custody	Officer Reviewing/ID#	Page <b>1</b>	Page Or <b>1</b>
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NARRATIVE CONTINUATION / STATEMENT OF FACTS

1 Offense  
2 Arrest

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number FL0050900	ROCKLEDGE POLICE DEPARTMENT	Agency Report Number 2017 - 00036334
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Original Date Reported 10 12 2017	Case Reference Batterz
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Name (Last,First,Middle)	Social Security Number:
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Home Address
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Date of Birth	Residence Phone:	Business Phone:
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At approximately at 1915 I and Matt Rollins and Mike Dillion were trying to get Baker Act Gregory Edwards into a wheelchair so he could be taken to Lwest. He (Gregory Edwards) stated he was going to do things the hard way. I asked for the other Baker Act [redacted] to leave the room when [redacted] stood up and ~~hit~~ ~~attacked~~ Gregory Edwards got up and started to hit [redacted] in the face. I grabbed Gregory Edwards to pull him off [redacted] Gregory Edwards then hit myself in the right side of my face knocking my glasses off. They are now broke. Matt Rollins and Mike Dillion and myself took Gregory Edwards to the ground. As we held him on the ground a Police officer would cuff him. I did not give Gregory Edwards permission to hit me or break my glasses. I do want to press charges on Gregory Edwards.

Signature of Witness Under Oath [redacted]	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>oct</u> 20 <u>17</u> <input checked="" type="checkbox"/> Personally Known / <input type="checkbox"/> ID Produced Signature <u>[Signature]</u> #1195 Notary, Law Enforcement Officer in Part of Official Duties
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Officer Name (Print)	(Signature)	ID#
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Case Status 1 Cleared 2 Pending 3 Inactive	4 Non-Criminal 5 Filing-BAO	Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded	A-Adult J-Juvenile	Date Cleared / /	Number Arrested	Related Reports
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Exception Type 1 Extradition Declined 2 Arrest on Primary Offense Secondary Offense W/O Prosecution	3. Death of Offender 4 VW Refused to Cooperate	5. Prosecution Declined 6 Juvenile/No custody	Officer Reviewing/ID#	Page Of / /
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# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1 Offense  
2 Arrest

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
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Original Date Reported <b>10 12 2017</b>	Case Reference <b>Battery</b>
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Name (Last, First, Middle) [REDACTED]	Social Security Number: [REDACTED]
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Home Address [REDACTED]
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Date of Birth <b>11-09-1980</b>	Residence Phone: ( )	Business Phone: ( )
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At approximately at 1915 I and Matt Rollins and Mike Dillion were trying to get Baker Act Gregory Edwards into a wheelchair so he could be taken to West. He (Gregory Edwards) stated he was going to do things the hard way. He asked for the other Baker Act [REDACTED] to leave the room. When [REDACTED] stood up ~~at~~ ~~attacked~~ Gregory Edwards got up and started to hit [REDACTED] in the face. I grabbed Gregory Edwards to pull him off [REDACTED] Gregory Edwards then hit my fist in the right side of my face knocking my glasses off. They are now broke. Matt Rollins and Mike Dillion and myself took Gregory Edwards to the ground. As we held him on the ground a Police officer would cuff him. I did not give Gregory Edwards permission to hit me or break my glasses. I do want to press charges on Gregory Edwards.

Signatures of Witness Under Oath [REDACTED]	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>Oct</u> , 20 <u>17</u> <input checked="" type="checkbox"/> Personally Known / <input type="checkbox"/> ID Produced Signature <u>ofc [Signature]</u> #1195 Notary, Law Enforcement Officer in Part of Official Duties
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Officer Name (Print) [REDACTED]	ID#
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Case Status 1 Cleared 4 Non-Criminal 2 Pending 5 Filing-SAO 3 Inactive	Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded	A-Adult J-Juvenile	Date Cleared / /	Number Arrested	Related Reports:
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Exception Type 1 Extradition Declined 2 Arrest on Primary Offense 3 Secondary Offense W/O Prosecution	3. Death of Offender 4. VAW Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No custody	Officer Reviewing/ID#	Page 11	Page 11
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# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1 Offense  
2 Arrest

1

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
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Original Date Reported <b>10 / 2 / 17</b>	Case Reference <b>Baldery</b>
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Name (Last, First, Middle) <b>[REDACTED] (Security officer)</b>	<b>[REDACTED]</b>
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Home Address <b>weveroff hospital</b>
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Date of Birth <b>[REDACTED]</b>	Residence Phone: ( ) ( ) ( )	Business Phone: ( 321 ) <b>636-2211</b>
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On the 2nd of Oct 2017 I was on duty as a security officer at weveroff hospital. I was called to ER 11 to assist with a person that had been boker acted. Upon my arrival Grey Edwards attacked another person in ER 11 at which time myself and three other security officer restrained Grey he was very combative. During to struggle Grey bite my thumb and continued to fight with staff. We finally get control of him and put he in four point restrance. I did not give me permission to bite my thumb and I want to press charges

Signature of Witness Under Oath <b>[REDACTED]</b>	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>Oct</u> 20 <u>17</u> Personally Known / <input checked="" type="checkbox"/> ID Produced <b>PL ID</b> Signature <b>[Signature]</b> #1195 <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) <b>[REDACTED]</b>	(Signature) <b>[Signature]</b>	ID#
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Case Status 1 Cleared 4 Non-Criminal 2 Pending 5 Filing-SAO 3 Inactive	Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded	A-Adult J-Juvenile	Date Cleared <b>1 / 1</b>	Number Arrested	Related Reports
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Exception Type 1 Extradition Declined 2 Arrest on Primary Offense Secondary Offense W/O Prosecution	3 Death of Offender 4 W/M Refused to Cooperate	5 Prosecution Declined 6 Juvenile/No custody	Officer Reviewing/ID#	Page <b>1</b>	Page <b>1</b>
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# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1 Offense  
2 Arrest

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
Original Date Reported <b>10 / 2 / 17</b>	Case Reference <b>Badgers</b>	
Name (Last, First, Middle) <b>[REDACTED] (Security officer) [REDACTED]</b>		
Home Address: <b>weeseff hospital</b>		
Date of Birth <b>7/11/68</b>	Residence Phone: ( )	Business Phone: ( 321 ) <b>636-2211</b>

On the 2nd of Oct 2017 I was on duty as a security officer at weeseff hospital. I was called to ER 11 to assist with a person that had been biker acted. Upon my arrival Greg Edwards attacked another person in ER 11 at which time myself and three other security officer restrained Greg he was very combative. During to struggle Greg bite my thumb and continued to fight with staff. We finally get control of him and put he in four point restraint. I did not give me permission to bite my thumb and I want to press charges

Signature of Witness Under Oath <b>[REDACTED]</b>	Sworn to and subscribed before me, the undersigned authority this <u>2</u> day of <u>Oct</u> , 20 <u>17</u> Personally Known / <input checked="" type="checkbox"/> I.D. Produced <u>PL ED</u> Signature <u>[Signature]</u> #1195 <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) <b>[REDACTED]</b>	(Signature) <b>[Signature]</b>	ID#
Case Status: 1 Cleared 4 Non-Criminal 2 Pending 5 Filing-SAO 3 Inactive	Clearance Type: 1 Arrest 2 Exceptional 3 Unfounded	A-Adult J-Juvenile
Date Cleared <b>1 / 1</b>	Number Arrested	Related Reports:
Exception Type: 1 Extradition 2 Declined 3 Arrest on Primary Offense 4 Secondary Offense W/O Prosecution	3 Death of Offender 4 V/W Refused to Cooperate	5 Prosecution Declined 6 Juvenile/No custody
Officer Reviewing/ID#		Page <u>1</u> Of <u>1</u>

# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1 Offense  
2 Arrest

1

Juvenile

1 Original  
2 Supplement  
3 Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
Original Date Reported <b>10 / 2 / 17</b>	Case Reference <b>Battery</b>	
Name (Last, First, Middle) [REDACTED]	Social Security [REDACTED]	
Home Address <b>Rockledge fl 32955</b>		
Date of Birth [REDACTED]	Residence Phone [REDACTED]	Business Phone [REDACTED]

As I was awaiting transfer to another facility, hospital staff came in to take the guy out. He was reluctant and asked to be given a moment he was "waiting for a phone call" they gave him a minute and when they came back he still did not want to go. The staff gave him the easy or the hard way choice. He chose the hard way. So a nurse asked me to get up and leave the room. As I stood up he attacked me, pushed me into a chair and punched me in the face and held a few times. He also tried to get me into a choke hold but pulled off by security and rest of hospital staff.

I did not give permission for him to hit, push, or touch me in anyway, and want to press charges.

Signature of Witness Under Oath [REDACTED]	Sworn to and subscribed before me the undersigned authority this <u>2</u> day of <u>oct</u> 20 <u>17</u> Personally Known / <input checked="" type="checkbox"/> ID Produced <u>Eastern Florida state college ID</u> Signature <u>[Signature]</u> #195 <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) [REDACTED]	(Signature) [REDACTED]	ID#
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Case Status 1. Cleared 4. Non-Criminal 2. Pending 5. Filing-SAO 3. Inactive	Clearance Type: 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared / /	Number Arrested	Related Reports
Exception Type 1. Extension Declined 2. Arrest on Primary Offense Secondary Offense W/O Prosecution		3. Death of Offender 4. VW/Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No custody	
Officer Reviewing/ID#				Page <u>1</u> Of <u>1</u>	

# NARRATIVE CONTINUATION / STATEMENT OF FACTS

1. Offense  
2. Arrest

1

Juvenile

1. Original  
2. Supplement  
3. Statement

3

Agency ORI Number <b>FL0050900</b>	<b>ROCKLEDGE POLICE DEPARTMENT</b>	Agency Report Number <b>2017 - 00036334</b>
Original Date Reported <b>10 / 2 / 17</b>	Case Reference <b>Battery</b>	
Name (Last, First, Middle) [REDACTED]	Social Security [REDACTED]	
Home Address <b>[REDACTED] Rockledge FL 32955</b>		
Date of Birth: <b>1/30/91</b>	Residence Phone: [REDACTED]	Business Phone: [REDACTED]

As I was awaiting transfer to another facility hospital staff came in to take the guy out. He was reluctant and asked to be given a moment he was "waiting for a phone call" they gave him a minute and when they came back he still did not want to go. The staff gave him the easy or the hard way choice. He chose the hardway. So a nurse asked me to get up and leave the room. As I stood up he attacked me, Pushed me into a chair and punched me in the face and held a few times. He also tried to get me into a choke hold but pulled off by security and rest of hospital staff.

I did not give permission for him to hit, push, or touch me in anyway, and want to press charges.

Signature of Witness Under Oath [REDACTED]	Sworn to and subscribed before me the undersigned authority this <u>2</u> day of <u>oct</u> 20 <u>17</u> Personality Known: <input checked="" type="checkbox"/> ID Produced: <u>Eastern Florida State College ID</u> Signature: <u>[Signature]</u> #195 <small>Notary, Law Enforcement Officer in Part of Official Duties</small>
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Officer Name (Print) _____ (Signature) _____	ID# _____
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Case Status 1. Cleared 2. Pending 3. Inactive	4. Non-Criminal 5. Filing-SAO	Clearance Type: 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared <b>1 / 1</b>	Number Arrested	Related Reports
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Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense W/O Prosecution	3. Death of Offense 4. V/W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No custody	Officer Reviewing/ID# _____	Page _____ Of _____
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**Rockledge Police Department**  
 1776 Jack Oates Boulevard, Rockledge, FL 32955  
 (321) 690-3988 - Property Pick-up by Appointment Only

Supervisor's  
 Initials: [Signature] ID #: 185  
 Case Number:

**Evidence / Property Receipt**

2017 - 00036334

Package all cash, narcotics, jewelry, biohazard, ammo and weapons separately

Page 1 of 1

Bin#

Date: 10/3/17

Time: 0920

Type of Offense: Battery

Address where property impounded / recovered: 110 Longwood Ave, Rockledge, FL 32955

Name	DOB	Address	Home Ph.	Other Ph.
Finder / Owner:				
Victim:	<u>1/30/91</u>	[Redacted]	[Redacted]	[Redacted]
Suspect(s) / Arrestee(s): <u>Glasgow L Edwards</u>	<u>9/23/80</u>	<u>4009 Garden Wood Circle Grove - Vol 1212 Grove, FL, 32949</u>	<u>862-224-9863</u>	

Status Codes	1. Evidence	5. Confiscated	9. Patrol Car Video Tape
	2. Found Property	6. Recovered Property	10. Released
	3. Seized / Forfeiture	7. Destroy	<input type="checkbox"/> To Whom:
	4. Property of Deceased	8. Laboratory Evidence	<input type="checkbox"/> Notified: Yes _____ No _____

Item#	Qty.	Status Code	Make	Mod.	Cal.	FNCIC Check?	Description (Color, Size, Weight, Currency, Denomination, Etc.)	Serial #	Currency		Bar Code
									\$	¢	
<u>1</u>	<u>1</u>	<u>1</u>	<u>Evidence.com</u>				<u>Bodycam's footage</u>	<u>195</u>			
<u>2</u>	<u>1</u>	<u>1</u>	<u>Sandisk</u>				<u>photos of victims and suspect</u>	<u>195</u>			

Notice: Property seized as evidence will be disposed of sixty (60) days from Acquittal/Dismissal date of case unless turned over to appropriate court or claimed by owner. Found, Stolen or Abandoned Property will be disposed of ninety (90) days after receipt by Police Department unless claimed by owner.

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature (X): \_\_\_\_\_

I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as a Law Enforcement Officer or Support Personnel as defined in Florida State Statute 943.10.

Reporting Officer's Name and ID# (Print): Off Nicholas Holbrook

Impounding Officer (X): [Signature] #195

**Chain of Custody**

Signature	ID#	Item #	Reason	Date	Time	Bar Code

**AFFIDAVIT FOR REIMBURSEMENT OF INVESTIGATIVE COST/RESTITUTION**

AGENCY CASE REPORT # 2017-00036334

COURT CASE # \_\_\_\_\_

The Rockledge Police Department has incurred cost as defined in Florida State Statute 938-27 and Florida State Statute 775-089 in the investigation and preparation for trial of:

Edwards, Gregory Lloyd 9/23/80  
 Defendant's Name - Last, First, MI (DOB)

INVESTIGATIVE FEES (A) Pg.3 \$65.00

A. Initial Officer Holbrook, Nicholas B

B. Salaries - Rockledge Police Department personnel dedicated to the investigation and preparation for trial of the defendant:

Hourly Rate for Sworn = \$ 25.96 , Support = \$ 13.00 . K-9 Cost (hr) - \$25.96.

Employee & Title	Date	Hours	Rate	Total
Lt Klayman	10/2/17	1	\$ 25.96	\$ 25.96
ofc N. Holbrook	10/3/17	1	\$ 25.96	\$ 25.96
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**TOTAL SALARIES (B)** \$ 51.92

C. Expenditures - Actual expenses incurred during the investigation and preparation for trial of defendant:

Batteries		@	2.00	\$	Sterile Cotton Applicators (2PK)		@	.45	\$
Blood/Alcohol Kit		@	8.00	\$	Sterile Cotton Applicator Boxes		@	.15	\$
Bio-Hazard Bag		@	1.00	\$	Taser Cartridge		@	35.00	\$
CD with Cover	1	@	.55	\$ .55	Confidential Informant Payments		@		\$
Disposable Blanket		@	2.50	\$	Confidential Fund Expense/Actual		@		\$
Distilled Water		@	2.00	\$					
Drug Test Kits		@	1.50	\$	Fuel		@		\$
DNA Sample Collection		@	16.00	\$					
DVD with Cover		@	.60	\$					
Evidence Bag SM		@	.05	\$					
Evidence Bag MED		@	.10	\$					
Evidence Bag LG		@	.30	\$					
Evidence Tubes SYRINGE		@	1.75	\$					
Evidence Tubes MED		@	3.00	\$					
Evidence Tubes LG		@	4.00	\$					
Gun Box SM		@	1.50	\$					
Gun Box LG		@	3.00	\$					
Intox Mouth Piece		@	2.00	\$					
Intox Use		@	22.00	\$					
Latent Print Cards		@	.10	\$					
Latent Print Tape		@	.05	\$					
Latent Print Powder (per scene)		@	2.00	\$					
Latex Gloves		@	2.00	\$					
Paper (per sheet)	10	@	.20	\$ 2.00					
PPE Booties		@	1.00	\$					
PPE Suits		@	8.00	\$					

TOTAL EXPENDITURES (C) \$2.55

D. Total Expenses - A + B + C

TOTAL AMOUNT (D = A + B + C) \$119.47

Signature of Employee Under Oath ofc [Signature] Date 10/2/17

Sworn to and subscribed before me, the undersigned authority this 2 day of oct, 2017  
 Personally Known  Produced ID   
 Signature [Signature]  
 Notary, Law Enforcement Officer in Part of Official Duties

**ROCKLEDGE POLICE DEPARTMENT  
LETTER OF INVESTIGATIVE COST ITEMIZATION**

RE:

STATE OF FL vs. Edwards, Gregory L  
CASE/UTC # 2017-00036334  
CHARGE(S): Battery

Pursuant to Florida State Statute 938.27, the Rockledge Police Department's Patrol Division/Unit respectfully requests restitution in the amount of \$ 119.47 to be paid to the Rockledge Police Department by the defendant Gregory L Edwards in reference to the cost of the investigation relative to the above case. Excerpts from State Statute 938.27 read as follows:

**938.27 (1) In all criminal cases the costs of prosecution including investigative costs incurred by law enforcement agencies and by fire departments for arson investigations, shall be included and entered in the judgment rendered against the convicted person.**

**938.27 (7) Investigative costs which are recovered shall be returned to the appropriate investigative agency which incurred the expense. Costs shall include actual expenses incurred in conducting the investigation and prosecution of the criminal case; however, costs may also include the salaries of permanent employees.**

Officer/Investigator Ofc N. Holsbrook (case officer/investigator) requests restitution for the expense(s) incurred on this case to be sent to and recorded by the Clerk of the Court prior to being forwarded to the Rockledge Police Department.

Sworn and subscribed before me, Ofc [Signature]  
this 2 day of Oct, 2017  
Officer/Investigator Signature

CPL [Signature] 105 Date 10.3.17  
Notary Public or Law Enforcement  
Officer Conducting Official  
Investigation (FSS 943.10)

Reserved for Recording

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA

\_\_\_ Probation Violator      \_\_\_ Community Control Violator      \_\_\_ Retrial      \_\_\_ Resentence

STATE OF FLORIDA

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

Filed in Open Court on February 1, 2018 11:26 am.

GREGORY LLOYD EDWARDS

L. Wesley, Deputy Clerk



28406573

JUDGMENT/ORDER OF PROBATION

Court was opened with the Honorable DAVID C KOENIG (DIV 5) presiding, and in attendance: State Attorney: ANDREW STOVER; Trial Clerk L. Wesley. The Defendant, GREGORY LLOYD EDWARDS, being personally before this Court represented by ERNEST L CHANG, the attorney of record, and said Defendant having entered a plea of guilty to the following crime(s):

OBTS Number(s): 0501366913			
Count	Crime	Offense Statute Number	Degree
1	BATTERY ON EMERGENCY MEDICAL CARE PROVIDER	784.07(1c)	F3
2	BATTERY ON EMERGENCY MEDICAL CARE PROVIDER	784.07(1c)	F3
3	BATTERY ON EMERGENCY MEDICAL CARE PROVIDER	784.07(1c)	F3
4	BATTERY	784.03	M1
<input checked="" type="checkbox"/> And being a qualified offender pursuant to s. 943.325, the defendant shall be required to submit DNA samples as required by law.			
<input checked="" type="checkbox"/> and good cause being shown, it is ordered that ADJUDICATION OF GUILT BE WITHHELD.			

DONE AND ORDERED in open court at Brevard County, Florida, on February 1, 2018.

DAVID C KOENIG (DIV 5), Circuit Judge



Reserved for Recording

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

OBTS Number(s): 0501366913

GREGORY LLOYD EDWARDS

SENTENCE

The Defendant, GREGORY LLOYD EDWARDS, being personally before this Court, accompanied by the Defendant's attorney of record, ERNEST L CHANG, and an adjudication of guilt having been withheld herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why the Defendant should not be sentenced as provided by law, and no cause being shown

It is the sentence of the Court that:

(as to Count 1)

- And being a qualified offender pursuant to s. 943.325, the defendant shall be required to submit DNA samples as required by law.
- The Defendant is placed on probation for a period of twenty-four (24) months under the supervision of the Department of Corrections, according to the terms and conditions of supervision set forth in a separate order entered herein.

(as to Count 2)

- And being a qualified offender pursuant to s. 943.325, the defendant shall be required to submit DNA samples as required by law.
- The Defendant is placed on probation for a period of twenty-four (24) months under the supervision of the Department of Corrections, according to the terms and conditions of supervision set forth in a separate order entered herein.

(as to Count 3)

- And being a qualified offender pursuant to s. 943.325, the defendant shall be required to submit DNA samples as required by law.
- The Defendant is placed on probation for a period of twenty-four (24) months under the supervision of the Department of Corrections, according to the terms and conditions of supervision set forth in a separate order entered herein.

Defendant: GREGORY LLOYD EDWARDS  
OBTS Number(s): 0501366913

Case Number: 05-2017-CF-048115-XXXX-XX

(as to Count 4)

X And being a qualified offender pursuant to s. 943.325, the defendant shall be required to submit DNA samples as required by law.

*Reserved for Recording*

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA**

STATE OF FLORIDA,  
Plaintiff

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

GREGORY LLOYD EDWARDS,  
Defendant

**ORDER OF PROBATION**

Probation

The court hereby stays and withholds the imposition of sentence as to count(s) 1, 2, 3 and places the defendant on probation for a period of twenty-four (24) months under the supervision of the Department of Corrections

Concurrent /  
Consecutive

Said sentence shall run concurrent with any active sentence and all counts in this Judgment.

PTY: D-1  
Event Code 5637

<input checked="" type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA	CASE NUMBER 05-20 <u>17CF-48115</u> -AXXX-XX
FINGERPRINTS OF DEFENDANT  OBTS NUMBER _____	FILED IN OPEN COURT  This _____ day of _____,
PLAINTIFF  STATE OF FLORIDA vs	20____, at _____ M.  CLERK OF COURTS
<u>Gregory Lloyd Edwards</u>	BY _____ DC











Fingerprints taken by: <u>NVSL</u> (name) <u>DEPUTY 1900</u> (title)	
I HEREBY CERTIFY that the above and foregoing fingerprints on this judgment are the fingerprints of the defendant, <u>Gregory Lloyd Edwards</u> , and that they were placed thereon by the defendant in my presence in open court this date.	
DONE AND ORDERED BREVARD COUNTY, FLORIDA  <u>Dalery</u> JUDGE	DATE <u>2-01-18</u>

LAW 148  
Rev. 07/2008

PAGE \_\_\_\_\_ OF \_\_\_\_\_

BAR CODE LABEL

<input checked="" type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA	CASE NUMBER 05-20 <u>17CF-48115</u> -AXXX-XX
FINGERPRINTS OF DEFENDANT  OBTS NUMBER _____	FILED IN OPEN COURT  This _____ day of _____, 20____, at _____ M.
PLAINTIFF  STATE OF FLORIDA vs	CLERK OF COURTS  BY _____ DC
<h1 style="font-family: cursive;">Gregory Lloyd Edwards</h1>	

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
				
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
				

Fingerprints taken by: NVSL (name) DEPUTY 1900 (title)

I HEREBY CERTIFY that the above and foregoing fingerprints on this judgment are the fingerprints of the defendant, Gregory Lloyd Edwards, and that they were placed thereon by the defendant in my presence in open court this date.

DONE AND ORDERED BREVARD COUNTY, FLORIDA	 JUDGE	DATE <u>2-01-18</u>
--	--	------------------------

*Reserved for Recording*

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA**

STATE OF FLORIDA,  
Plaintiff

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

GREGORY LLOYD EDWARDS,  
Defendant

**STANDARD CONDITIONS OF PROBATION**

It is further ordered that the defendant comply with the following standard conditions and sanctions of community control / probation:

1. (01) Not later than the fifth day of each month, you will make a full and truthful report to your officer on the form provided for that purpose.
2. (02) You will pay the State of Florida the amount of \$50.00 per month toward the cost of your supervision, unless otherwise waived in compliance with Florida Statutes.
3. (03) You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
4. (04) You will not possess, carry or own any firearm. You will not possess, carry, or own any weapons without first procuring the consent of your officer.
5. (05) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation of law to constitute a violation of your probation.
6. (06) You will not associate with any person engaged in any criminal activity.
7. (07) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
8. (08) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.
9. (09) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
10. (10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with attached orders.
11. (11) You will report in person within 72 hours of your release from incarceration to the Probation Office in Brevard County, Florida, unless otherwise instructed by the court or department. (This condition applies only if released from the Department of Corrections confinement.) Otherwise, you must report immediately to the probation office located at: The 4th Floor, Moore Justice Center, Viera TODAY
12. (12) You shall submit to the drawing of blood or other biological specimens as required by s. 943.325, Florida Statutes.
13. (13) You shall submit to the taking of a digitized photograph as required by s. 948.03, Florida Statutes.
14. (13a) You shall pay a related cost of \$1.00 for each month of your probationary term. The amount due, up to \$60.00, shall be paid within the first ninety (90) days after the beginning of your probationary sentence. Further, payments, if any, shall be paid in accordance with a schedule to be established by your officer, if the offender agrees, or the Court.

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

GREGORY LLOYD EDWARDS

SPECIAL CONDITIONS OF PROBATION

And it is further ordered that the defendant comply with the following special conditions of community control / probation.

(as to Count 1)

- a. Your fines and court costs set forth on the Fine/Costs/Fees page on this judgment are made conditions of your probation and will be paid to the Clerk of the Circuit Court, P.O. Box 919026, Orlando, FL 32891-9026.
- b. Sentence shall run concurrent with any active sentence and all counts in this Judgment.
- c. All conditions of probation are to be completed within 23 MONTHS
- d. CONTACT: No contact with the victim, RZ, RC, TR OR VC UNLESS IN AN EMERGENCY .
- e. CONTACT: You are not to return to the place of violation, WUESTOFF IN ROCKLEDGE EXCEPT IN AN EMERGENCY
- f. Early Termination: The defendant may apply for early termination after HALF if all conditions are met and there are no violations.
- g. EVAL: Submit to psychological evaluation and successfully complete any treatment deemed necessary.

(as to Count 2)

- a. Your fines and court costs set forth on the Fine/Costs/Fees page on this judgment are made conditions of your probation and will be paid to the Clerk of the Circuit Court, P.O. Box 919026, Orlando, FL 32891-9026.
- b. Sentence shall run concurrent with any active sentence and all counts in this Judgment.
- c. All conditions of probation are to be completed within 23 MONTHS
- d. CONTACT: No contact with the victim, RZ, RC, TR OR VC UNLESS IN AN EMERGENCY .
- e. CONTACT: You are not to return to the place of violation, WUESTOFF IN ROCKLEDGE EXCEPT IN AN EMERGENCY
- f. Early Termination: The defendant may apply for early termination after HALF if all conditions are met and there are no violations.
- g. EVAL: Submit to psychological evaluation and successfully complete any treatment deemed necessary.

(as to Count 3)

- a. Your fines and court costs set forth on the Fine/Costs/Fees page on this judgment are made conditions of your probation and will be paid to the Clerk of the Circuit Court, P.O. Box 919026, Orlando, FL 32891-9026.
- b. Sentence shall run concurrent with any active sentence and all counts in this Judgment.
- c. All conditions of probation are to be completed within 23 MONTHS
- d. CONTACT: No contact with the victim, RZ, RC, TR OR VC UNLESS IN AN EMERGENCY .
- e. CONTACT: You are not to return to the place of violation, WUESTOFF IN ROCKLEDGE EXCEPT IN AN EMERGENCY
- f. Early Termination: The defendant may apply for early termination after HALF if all conditions are met and there are no violations.
- g. EVAL: Submit to psychological evaluation and successfully complete any treatment deemed necessary.

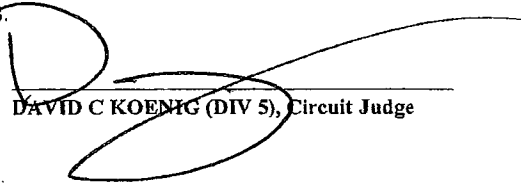
GREGORY LLOYD EDWARDS

Case Number: 05-2017-CF-048115-AXXX-XX

**PROBATION**

You are hereby placed on notice that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence which it might have imposed before placing you on probation or require you to serve the balance of said sentence.

DONE AND ORDERED in Brevard County, Florida, on February 1, 2018.



DAVID C KOENIG (DIV 5), Circuit Judge



CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA

Case Number: 05-2017-CF-048115-AXXX-XX

vs.

GREGORY LLOYD EDWARDS

**SIGNATURE PAGE**

In the event the above sentence is to the Department of Corrections, the Sheriff of Brevard County, Florida, is hereby ordered and directed to deliver the Defendant to the Department of Corrections at the facility designated by the department together with a copy of this judgment and sentence and any other documents specified by Florida Statute.


The Defendant was advised in open court of the right to appeal from this sentence by filing a notice of appeal within thirty (30) days from this date with the clerk of this court and the Defendant's right to the assistance of counsel in taking the appeal at the expense of the State on showing of indigency.

In imposing the above sentence, the Court further recommends:

*(Items marked with \*(COP), \*(COCC), and \*(COS) are Conditions of Probation, Community Control, and Condition of Suspension)*

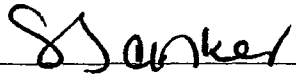
THE COURT HEREBY ORDERS THE DEFENDANT released on Probation. REPORTING INSTRUCTIONS: TODAY 4TH FLOOR VIERA COURTHOUSE.

DONE AND ORDERED at Brevard County, Florida, on February 1, 2018.

  
DAVID C KOENIG (DIV 5), Circuit Judge

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U.S. Mail / hand delivery to ERNEST L CHANG, 6767 N WICKHAM RD STE 400, MELBOURNE, FL 32940-2025 on Feb. 1, 2018

  
Deputy Clerk

In The Circuit Court, Eighteenth Judicial Circuit, Brevard County, Florida

<b>DIVISION</b> <input type="checkbox"/> CIVIL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC	<b>CAPIAS</b>	<b>CASE NUMBER</b> 05-2017-CF-048115-AXXX-XX
		CR#                      Agency 201700036334          ROCKLEDGE POLICE ROCKLEDGE POLICE DEP
<b>PLAINTIFF</b>  STATE OF FLORIDA    vs	<b>DEFENDANT</b> EDWARDS, GREGORY LLOYD  Participant ID: 3780563	CLOCK IN FILED IN T.V.L.-0 CLERK OF CIR. CO. BREVARD CO. FL 2017 OCT 20 PM 1:00 SCOTT ELLIS
AKA		

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE OF FLORIDA

You are hereby commanded to take the above named defendant if he be found in your County and him safely keep, so that you have his body before the Judge of our County Court at the BREVARD COUNTY DETENTION CENTER, SHARPES, FLORIDA, to answer to an Information found and now pending in the said Circuit Court, for said County, for:

CT. 1	784.07.2.B	T	F	BATTERY OF LEO OR FIREFIGHTER	\$5000.00
CT. 2	784.07.2.B	T	F	BATTERY OF LEO OR FIREFIGHTER	\$5000.00
CT. 3	784.07.2.B	T	F	BATTERY OF LEO OR FIREFIGHTER	\$5000.00
CT. 4	784.03-A	F	M	BATTERY	\$500.00

and have then and there this writ with due return of your action endorsed thereon.  
**SPECIAL CONDITIONS / OPTIONS:**



STATE OF FLORIDA, COUNTY OF BREVARD  
I HEREBY CERTIFY that the foregoing is a true copy of the original filed in this office and may contain redactions as required by law  
SCOTT ELLIS, Clerk of the Circuit Court  
Date: 10/20/17 By: W. Keirstead

<b>RELEASE TYPE</b> CASH OR SURETY BOND	<b>CLERK OF COURTS</b> 	BY <u>W. Keirstead</u> DC	<b>DATE</b> 10/20/2017
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**LAST KNOWN ADDRESS**  
 4029 GARDENWOOD CIR  
  
 GRANT, FL 32949-8214

**DESCRIPTION**

RACE:	ORIENTAL/ASIAN/OTHE	SEX:	MALE
DOB:	9/23/1980	EYES:	BROWN
HEIGHT:	5 ft 11 in	WEIGHT:	200 lbs.
		HAIR:	BLACK

D.L. NO: [REDACTED]  
 PHONE: 862-224-9363  
 EMPLOYER:

RECEIVED THIS CAPIAS \_\_\_\_\_, 20\_\_\_\_, AND SERVED SAME IN BREVARD COUNTY, FLORIDA.

\_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_ ARRESTING THE WITHIN NAMED DEFENDANT.

\_\_\_\_\_  
 SHERIFF,  
 BREVARD COUNTY, FLORIDA.

BY \_\_\_\_\_  
 D.S.