

FCIC/NCIC CHECK YES NO

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

CR# 13-250874

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

Juvenile

OBTS Number: **0501789747**

Agency ORI Number: _____ Agency Name: **Florida Department of Law Enforcement** Agency Report Number: **EI-14-0118**

Charge Type: 1. Felony 2. Traffic 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Include Name of Business): **Jail Complex** City: **Cocoa** Location of Offense (Business Name, Address): _____ City: _____

Date of Arrest: **08/15/2013** Time of Arrest: **7:04am** Transport Date: **8/15/13** Transport Time: **7:20** Jail Date: **8/15/13** Jail Time: **8:10** Fingerprinted: Identification Only Criminal AFIS By: _____

Date of Offense: **8/15/2013** FDLE Number: **081513** DOC Number: _____ FBI Number: _____

Name (Last, First, Middle): **Needelman, Mitchell Aaron** Alias: _____

Race: W-White B-Black U-Unknown I-American Indian A-Asian W Sex: M Date of Birth: **10/23/1952** Height: **5'08** Weight: **250** Eye Color: **BRN** Hair Color: **Gr** Complexion: _____ Build: _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Indication of: Alcohol Influence Y N Unk Drug Influence Y N Unk

Local Address (Street, Apt. Number): **2317 South Bignonia Street, Melbourne, FL 32901** (City) (State) (Zip) Phone: **321 768-7752** Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) or Parent's Name if Juv.: _____ (City) (State) (Zip) Phone: _____ Parent Contacted: Y N

Business Address (Name, Street) or Parent's Address if Juv.: _____ (City) (State) (Zip) Phone: _____ Occupation: _____

Driver's License State/Number: **N345-541-52-383-0** *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): **Dupree, William Matthew** Race: W Sex: M Date of Birth or Age: **04/01/1966** 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): **Harr, Rose Mary** Race: W Sex: F Date of Birth or Age: **06/25/1958** 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Charge Description: **Bribery (F2)** Counts: **1** F.S. Ord. Statute Violation Number: **838.015(1) / 838.015(3)** Violation of Section (ORD): _____

Activity: _____ Drug Type: _____ Amount/Unit: **5,000** Court Number: _____

PC Capias AC BW FW PW Juv. PU Citation Date Issued: _____ Writ. Att. Domestic Viol. Inj. Order of Arrest

Charge Description: **Conspiracy to Commit Bribery (F3)** Counts: **1** F.S. Ord. Statute Violation Number: **777.04(3) / 838.15(1)** Violation of Section (ORD): _____


Activity: _____ Drug Type: _____ Amount/Unit: **2,000** Court Number: **15-20 BUE-44037-AXXX-X**

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 _____ day of _____ at _____ A.M. P.M. (Specifically include facts constituting cause for arrest.)

****See attached Warrant****

Case # 05-2013-CF-064037-AXXX-XX
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21631741

In accordance with F.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____¢ per mile for a total of \$ _____ Affidavit enclosed Y _____ N _____ Continue for: Narrative Charges

In accordance with F.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate.

GANG MEMBER ADMITS ID BY PARENT DOCUMENTED STYLE OF DRESS HAND SIGNS TATTOO KNOWN ASSOCIATE

GANG ASSOCIATE ID BY PHYSICAL EVIDENCE IN COMPANY OF MEMBERS AUTHORIZED COMMUNICATION ID BY INFORMANT

Mandatory Appearance In Court

Location (Court, Room Number, Address): _____

Time: _____ Month _____ Day _____ Year _____ Time _____ A.M. 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 FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.

Signature of Defendant/Juvenile: _____ Signature of Juv. Parent/Custodian: _____ Release to: (Name) _____ Date _____ Time _____

Miranda Warning Hold for Other Agency Name: _____ Verified by: _____

Adults Only Hold for First Appearance Do Not Bond Out. Reason: _____

I swear affirm that the above and attached statements are true and correct.

Officer's/Complainant's Signature: **[Signature]** Sworn to subscribed before me, the undersigned authority this **15** day of **AUG**

ID, No./Dist: _____ Signature: **[Signature]** Print or Type Name: **J. KALOUSMAN**

Name (Printed): **Daniel Augustyniak** Notary/Law Enforcement Officer In Performance of Official Duties Personally Known ID Produced

BOND INFORMATION

Date: **AUG 15 2013** Bonding Agency: **STELLIS**

Bond # _____ Amount: _____

Bond # _____ Amount: _____

Returnable Court Date: _____ Returnable Court Time: _____ A.M. P.M.

Court Location: _____ Page **1** of **2**

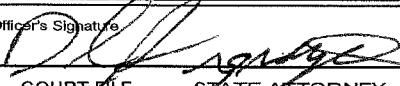
AGENCY NAME FLORIDA DEPT OF LAW ENFORCEMENT
BREVARD COUNTY, FLORIDA

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.
13-256874
 OBTS NO.
0501289747

(Last, First, Middle)
 DEFENDANT/JUVENILE: NEEDELMAN, MITCHELL AARON

CHARGE	Charge Description Bid Tampering (F2)		Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number 838.22(1)(a), 838.22(4)	Violation of Section (CRD)
	Activity	Drug Type	Amount/Unit	Bond Amount 5,000	Court Number 15-2013LF 44037 -AXXX-XJ	
<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	Charge Description Official Misconduct (F3)		Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number 838.022(1)(b), 838.022(3)	Violation of Section (CRD)
	Activity	Drug Type	Amount/Unit	Bond Amount 2,000	Court Number	
<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued	<input type="checkbox"/> Writ. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest			

Officer's Signature:  Officer's Name PRINTED: Daniel Augustyniak FDLE 907