

FCIC/NCIC CHECK YES NO

ARREST/NOTICE TO APPEAR PROBABLE CAUSE AFFIDAVIT/JUVENILE REFERRAL

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

OBTS Number 0501262081

Handwritten initials 'A/C' and number '304'

Juvenile

ADMINISTRATIVE

Agency ORI Number **FLO050000** Agency Name **Brevard County Sheriff's Office** Agency Report Number **12-049808**

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

Location of Arrest (Include Name of Business) City: **860 Camp Road, Cocoa, Florida** Location of Offense (Business Name, Address) City: **860 Camp Road, Cocoa, Brevard County, Florida**

Date of Arrest: **02/13/12** Time of Arrest: **1205** Transport Date: Transport Time: Jail Date: **2/14/12** Jail Time: **1205** Agency Arrest Number: **CID#76918**

Date of Offense: **02/07/12** FDLE Number: DOC Number: FBI Number:

DEFENDANT/JUVENILE

Name (Last, First, Middle): **Dixon, Tommy Lee** Alias: **None**

Race: W-White B-Black U-Unknown A-American Indian A-Asian B Sex: **M** Date of Birth: **11/08/62** Height: **602** Weight: **280** Eye Color: **Brown** Hair Color: **Brown** Complexion: **dark** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: **7704 Poinsetta Avenue, Cocoa, Florida 32920** Residence Type: **2** (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: **D250-812-62-408-0** *Social Security Number: [REDACTED] IINS Number: Place of Birth: **Atlanta, Ga** 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-DEF

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth or Age 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

CODE

Activity: N/NA S. Sell R. Smuggle K. Dispense/Distribute Drug Type: N/NA B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown Z. Other

CHARGE

Charge Description: **Unlawful Sexual Activity with Certain Minors** Counts: **1** F.S. Ord. Statute Violation Number: **794.05(1)** Violation of Section (ORD)

Activity: **N** Drug Type: **N** Amount/Unit: **N** Bond Amount: **15000** Court Number:

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

CHARGE

Charge Description: Counts: F.S. Ord. Statute Violation Number: Violation of Section (ORD)

Activity: Drug Type: Amount/Unit: Bond Amount: Court Number:

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

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 **7** day of **February** 2012 at A.M. P.M. (Specifically include facts constituting cause for arrest.)

The defendant, is currently an inmate at the Brevard County Jail, and while on Trusty status he began communicating with a seventeen-year-old female that was Direct Filed as an adult and being incarcerated in the Medical Unit at the facility, The seventeen-year-old female provided a sworn, credible statement that the defendant placed his penis through a delivery slot in the cell door, at which time she performed oral sex on him. The defendant is 48 years of age. Several other inmates observed the defendant expose himself and place his penis inside the victim's cell. There were also letters found that were sexual in nature and had been exchanged between the victim and the defendant, where she also tells him her age. *** See case report to follow***

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 N Continue for: Narrative Charges

GANG INFO

In accordance with F.S.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

NOTICE TO APPEAR

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 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: Release to: (Name) _____ Date _____ Time _____

ADMINISTRATIVE

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

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

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

Signature: **Agent Victoria Sumlin #595** Sworn to subscribed before me, the undersigned authority this **14** day of **February** 2012

Signature: **Agent Aja Stake** Print or Type Name: **Agent Aja Stake**

ID No./Dist. **595** Name (Printed) **Agent Victoria Sumlin #595**

Notary/Law Enforcement Officer in Performance of Official Duties Personally Known ID Produced

Date _____ Bonding Agency _____

Bond# _____ Amount _____

Bond# _____ Amount _____

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

Court Location _____ Page _____ of _____

BOND INFORMATION