

ADMINISTRATIVE

Ob: S Number **0501-375049**

Agency ORI Number **FL0050000** Agency Name **Brevard County Sheriff's Office** Agency Report Number **2018-00201031**

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

Weapon Seized Type **2 Unarmed** Agency Arrest Number **4038002**

Location of Arrest (Include Name of Business): **860 CAMP RD Cocoa** City **Cocoa** Location of Offense (Business Name, Address): _____ City _____

Date of Arrest **06/08/2018** Time of Arrest **16:20** Transport Date _____ Transport Time _____ Jail Date **04/06/2016** Jail Time **03:30** Fingerprinted Identification Only AFIS By: _____

Date of Offense **6/8/2018** FDLE Number **06002624** DOC Number _____ FBI Number **844141FB6**

DEFENDANT/JUVENILE

Name (Last, First, Middle) **Luzier, Joseph Jay** Alias _____

Race White American Indian Black Unknown Sex **M** Date of Birth **3/10/1981** Height **5'10** Weight **257** Eye Color **Hazel** Hair Color **Blonde** Complexion **Light** Build **Heavy**

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

Local Address (Street, Apt. Number) **566 BARTON BLVD Rockledge, 32955** (City) _____ (State) _____ (Zip) _____ Phone **(321)317-1197** Residence Type **0** (County) _____ (Out of State) _____

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

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

Driver's License State Number **FL** L260490810900 *Social Security Number _____ INS Number _____ Place of Birth **New York** Citizenship **U.S. Citizen**

*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 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

CODE

Activity: N/A Possess Sell Buy Traffic Smuggle Deliver Use Dispense/Distribute Manufacture/Produce/Cultivate Other Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Other Paraphernalia Equipment Synthetic Unknown Other

CHARGE

Charge Description **Unauthorized Person Engaged in Bail Bond Business** Counts **1** F.S. Ord. Statute Violation Number **648.44.8** Commit **Commit** Violation of Section (ORD): _____

Activity _____ Drug Type _____ Amount/Unit _____ Bond Amount **\$3000.00** Court Number **18CF31460 Jg Reinwater**

PC Capias AC BW FW PW Juv. PU Citation Date Issued _____ Writ. Att. _____ Domestic Viol. In. _____ 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. In. _____ 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 **8th** day of **June, 2018** at **1620** A.M. P.M. (Specifically include facts constituting cause for arrest.)

Warrant (05-2018-CF-31460) for Unauthorized Person Engage in Bail Bnd Business
Bond: \$3,000 Judge Rainwater Warrant Date: 06/08/2018 Case # 05-2018-CF-031460-AXXX-XX
C/C#869 Document Page # 3

 *28987230*

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of 1 hrs @ \$ 33 per hr and/or _____ miles @ _____ c per mile for a total of \$ 33.00 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) _____ Time _____

ADMINISTRATIVE

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

Acquits Only Hold for First Appearance Do Not Bond Out, Reason: _____

I swear/affirm the above and attached statements are true and correct. **Yes**

Officer's/Complainant's Signature **Electronically Signed** Sworn to subscribed before me, the undersigned authority this _____ day of **06/08/2018**

ID No. Dist **1121** **BCJC (Jail)** Signature **Electronically Signed** Print or Type Name **Smith, Stephanie**

Name (Printed) **Wagner Jr, Robert** Personally Known Produced

BOND INFORMATION

Date _____ Bonding Agency _____
 Bond # _____ Amount _____
 Bond # _____ Amount _____
 Returnable Court Date _____ Returnable Court Time _____ A.M. P.M.
 Court Location _____ Page **1** of **1**