

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) _____ Capias Request _____ Summons/Cited (NTA) _____	JUVENILE YES _____ NO <input checked="" type="checkbox"/>
PURPOSE Taken into Custody (Warrant/Capias Arrest) <input checked="" type="checkbox"/>		AMENDED _____	Referral _____ Civil Citation _____
Arresting Agency ORI FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE	Arresting Agency Case/Arrest Number 2023-00197208	OBTS Number 0501455435
FDLE (SID) Number	FBI Number	DOC Number	Transport Time
			Jail Date / Time 06/01/2023 20:45
Location of Arrest (Include Name of Business) 860 CAMP RD Cocoa FL 32927		City Cocoa	
Location of Offense (Business Name, Address) 860 CAMP RD Cocoa FL 32927		City Cocoa	
Offense Date OR Date Range 06/01/2023	Arrest Date / Time 06/01/2023 19:25	Charge Type (Check as many as apply) Felony <input checked="" type="checkbox"/> Misdemeanor _____ Traffic _____ Ordinance _____	
Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____			
Name (Last, Suffix) MOLME	Name (First) BULAINÉ	Name (Middle)	Alias and Type
			Date of Birth 10/03/1985
			Age 37
			Jacket Number 5026596
Race B-Black	Ethnicity Non-Hispanic	Sex Female	Height 5' 8"
			Weight 180
			Eye Color Brown
			Hair Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) 705 STARLAND ST SE, Palm Bay FL 32909		City, State, Zip	Phone/Type (include area code)
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile 705 STARLAND ST SE Palm Bay FL Palm Bay		City, State, Zip	Phone/Type (include area code)
Business Address (Name, Street) or School if Juvenile		City, State, Zip	Phone/Type (include area code)
Driver's License State / Number / Type FL / M450060858630	Social Security Number* [REDACTED]	INS Number	Place of Birth Foreign Countries (FF)
Residence Type: City <input checked="" type="checkbox"/> County _____ Florida _____ Out of State _____		Mark All that Apply (Y, N, Unk) Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input checked="" type="checkbox"/>	
Suspected of Using (Y, N, Unk) Alcohol _____ Computer/Handheld Device _____		Drugs _____	
PARENT Driver's License State / Number / Type	PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation	Juvenile Facility
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.			
PC _____ Capias _____ Warrant <input checked="" type="checkbox"/> Additional Charge _____	Date Issued 06/01/2023	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____	
Charge Description Manslaughter Child	Counts 1	F.S. <input checked="" type="checkbox"/> Ord. _____	Statute / Ordinance Number 782.07.3
Drug Activity	Drug Type	Amount / Unit	Bond Amount \$15,000.00
Warrant / Citation / Court Number			
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 01 day of June , 2023 at 1925 AM <input checked="" type="checkbox"/> PM (Specifically include facts constituting cause for arrest)			
Confidential Victim Information included - YES _____ NO <input checked="" type="checkbox"/>			
In accordance with F.S.S. 93B.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____			
Affidavit Attached: Yes _____ No _____		Continue for: Narrative _____ Charges _____	
MANDATORY APPEARANCE IN COURT	Location (Court and Address)		Division #
	Date: Month _____ Day _____ Year _____ 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 Juvenile's Parent/Custodian	Release to: (Name)	Date
			Time
Hold for Other Agency Name:	Verified By:	Do Not Bond Out Reason	
		Hold for 1st Appearance (Adults Only)	
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 06/01/2023	Officer's/Complainant's Signature Electronically Signed	ID# 1746	Officer's/Complainant's Name (Printed) Alysha Rich
Sworn and Subscribed before me, the undersigned authority this _____ day of 06/01/2023	Notary Signature Electronically Signed	Notary Name (Printed) Fort, Stephanie	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID _____
BCJC (Jail)			Page 1 of 2

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802B/180

AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE BREVARD COUNTY, FLORIDA Arresting Agency Case Number
 Continuation Page 2 of 2 **2023-00197208**

Defendant / Juvenile Name (Last, Suffix) **MOLME** Defendant / Juvenile Name (First) **BULAINÉ** Defendant / Juvenile Name (Middle) _____ OBTS Number **0501455435**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth/Age _____ Juvenile (Y or N) _____
 Arrested _____ At Large _____ Cited _____ Felony _____ Misdemeanor _____
 Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth/Age _____ Juvenile (Y or N) _____
 Arrested _____ At Large _____ Cited _____ Felony _____ Misdemeanor _____

PC _____ Capias _____ Warrant _____ Additional Charge _____ Date Issued _____ Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
 Charge Description _____ Counts _____ F.S. _____ Statute / Ordinance Number _____ Reclassifier _____
 Ord. _____
 Drug Activity _____ Drug Type _____ Amount / Unit _____ Bond Amount _____ Warrant / Citation / Court Number _____

PC _____ Capias _____ Warrant _____ Additional Charge _____ Date Issued _____ Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
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Year _____ Make _____ Model _____ VIN _____ Tag / Tag State _____ Primary Color _____ Secondary Color _____
 * If Applicable, provide information related to the vehicle involved in the crime.

PBPD 23-005143 CIRCUIT COURT ARREST WARRANT REF AGGRAVATED MANSLAUGHTER OF A CHILD BOND 1500 JUDGE PAULK

Officer's/Complainant's Signature **Electronically Signed** ID# **1746** Officer's/Complainant's Name (Printed) **Alysha Rich**