

FC/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

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ADMINISTRATIVE	Agency ORI Number: FL0050000 Agency Name: Brevard County Sheriff's Office		Agency Report Number: 2019-00013301	
DEFENDANT/JUVENILE	Name (Last, First, Middle): Keister, William Russell Alias:			
CHARGE	Charge Type: <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Ordinance <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Other		Warrant/Arrest Ticket: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CO-DEF	Location of Arrest (Include Name of Business): 2545 HIGHWAY 1 FL 32754 City:			
CHARGE	Date of Arrest: Time of Arrest: Transport Date: Transport Time: Jail Date: Jail Time:		Preprinted: <input type="checkbox"/> Identification Only <input type="checkbox"/> AFS <input type="checkbox"/> Other	
CHARGE	Date of Offense: 01/09/2019 FDLE Number: DOC Number: FBI Number:		Name (Last, First, Middle): Keister, William Russell Alias:	
CHARGE	Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Unknown Sex: M Date of Birth: 01/25/1964 Height: 5'11" Weight: Eye Color: Hair Color: Bald Complexion: Build:		Occurrence: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
CHARGE	Local Address (Street, Apt. Number): 5108 Avignon CT Orlando, FL 32839- City: State: Zip: Phone: (321)458-7637			
CHARGE	Permanent Address (Street, Apt. Number) or Parent's Name if Juv.: City: State: Zip: Phone: Parent Contacted: <input type="checkbox"/> Y <input type="checkbox"/> N			
CHARGE	Business Address (Name, Street) or Parent's Address if Juv.: Orange County Department of Co, 3723 Vision BLVD Orlando, FL 32839 City: State: Zip: Phone: (407)836-3400 Occupation:			
CHARGE	Driver's License State Number: FL/K236-936-64-025-0 Social Security Number: INS Number: Place of Birth: Citizenship:		*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies	
CHARGE	Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth or Age: <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile			
CHARGE	Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth or Age: <input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile			
CHARGE	Charge Description: Exposure Sexual Organs Counts: 1 F.S. Ord. Statute Violation Number: 800.03 Violation of Section (CRD):			
CHARGE	Activity: Drug Type: Amount/Unit: Bond Amount: Court Number:			
CHARGE	<input checked="" type="checkbox"/> FC <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: Writ. Att.: Domestic Viol. Inf.: Order of Arrest:			
CHARGE	Charge Description: Counts: F.S. Ord. Statute Violation Number: Violation of Section (CRD):			
CHARGE	Activity: Drug Type: Amount/Unit: Bond Amount: Court Number:			
CHARGE	<input 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: Writ. Att.: Domestic Viol. Inf.: Order of Arrest:			
CHARGE	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 9 day of January at 1355 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)			
CHARGE	On the above date and time, the defendant entered 2545 US Highway 1 (Dollar General Store), Mims, Brevard County, Florida. While inside the store the defendant exposed his genitals, while walking around the store, and a witness observed him holding his exposed, erect penis in his right hand. The witnesses' statement was corroborated by the store's security video and the defendant can be seen with his exposed genitals in one of the camera angles.			
CHARGE	In accordance with F.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$_____ per hr and/or _____ miles @ _____ c per mile for a total of \$_____ Affidavit enclosed Y N Continue for: Narrative Charges			
CHARGE	In accordance with F.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate. <input type="checkbox"/> GANG MEMBER <input type="checkbox"/> ADMITS <input type="checkbox"/> ID BY PARENT <input type="checkbox"/> DOCUMENTED <input type="checkbox"/> STYLE OF DRESS <input type="checkbox"/> HAND SIGNS <input type="checkbox"/> TATTOO <input type="checkbox"/> KNOWN ASSOCIATE <input type="checkbox"/> GANG ASSOCIATE <input type="checkbox"/> ID BY PHYSICAL EVIDENCE <input type="checkbox"/> IN COMPANY OF MEMBERS <input type="checkbox"/> AUTHORIZED COMMUNICATION <input type="checkbox"/> ID BY INFORMANT			
CHARGE	Mandatory Appearance In Court Location (Court, Room Number, Address): Time: Day: Year: Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
CHARGE	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.			
CHARGE	Signature of Defendant/Juvenile: Signature of Juv. Parent/Custodian: Release to (Name): Date: Time:		Date: Bonding Agency:	
CHARGE	Address: Other Agency: Mailed by: Verified by:		Bond #: Amount:	
CHARGE	Adult's Only: <input type="checkbox"/> Holder First Appearance <input type="checkbox"/> Do Not Send Out Release		Bond #: Amount:	
CHARGE	I swear affirm the above and attached statements are true and correct: YES		Returnable Court Date: Returnable Court Time:	
CHARGE	Officer's Signature: Christopher Ginther #757 Sworn to subscribed before me the undersigned authority this 24 day of JAN. 20 19		Returnable Court Date: Returnable Court Time:	
CHARGE	Print Name: Ginther Christopher Signature: Agent J. Benton F# 1296		Court Location: Page: Page of:	
CHARGE	Date Filed: 0757 GCU - North		Court Location: Page: Page of:	
CHARGE	Name of Court: Address: City: State: Zip: Phone: Fax: E-mail:			

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AGENCY NAME: Brevard County Sheriff's Office

BREVARD COUNTY, FLORIDA

NARRATIVE Continuation Page 2 Of 2

AGENCY REPORT NO.
2019-00013301
OBTS NO.

(Last, First, Middle)
DEFENDANT/JUVENILE: Keister, William Russell

CHARGE	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number	
CHARGE	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> 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. Alt. Domestic Viol. Inj. Order of Arrest

An "Attempt to Identify" bulletin was generated and reviewed by employees of the Orange County Sheriff's Office and the Orange County Department of Corrections. A co-worker of the defendant's was identified and positively identified him as the individual depicted in the bulletin. The defendant's co-worker has worked with the defendant, five days a week for approximately six years. In addition, he also has spent time with the defendant off-duty. The defendat was identified as an Orange County Department of Corrections, corrections officer.

On January 23, at approximately 1430 hours, the defendant agreed to meet with me at the Brevard County Sheriff's Office, North Precinct; 2290 Columbia Boulevard, Titusville, Brevard County, Florida, and I obtained an audio/video recorded, non-custodial statement from him. During our conversation the defendant admitted to exposing his genitals and following a female around the store because he thought she was attractive and admitted to masturbating for a brief period of time but stopped because he knew it was wrong.

Officer's Signature *C. Ginther #757* Officer's Name PRINTED
Ginther Christopher 0757

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