

5-2483 / 50-2021-MM-005473-AMB 7-544

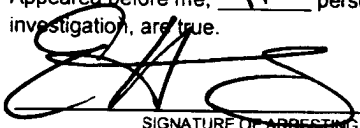
ARREST / NOTICE TO APPEAR		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-008985	
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized UNARMED		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 10 N OCEAN BLVD, DELRAY BEACH		Location of Offense (Business Name, Address) 10 N OCEAN BLVD, DELRAY BEACH, FL 33483			
Date of Arrest 07/26/2021	Time of Arrest 19:15	Booking Date 07/26/2021	Booking Time 19:25	Jail Date 07/26/2021	Jail Time 19:43
Name (Last, First, Middle) HOBART, ASHLEY ELIZABETH					
Alias: Alias Name, DOB, Sex, etc. (Etc.)					
Race W. White B. Black O. Oriental/Asian W	Sex M. Male F. Female F	Date of Birth 01/07/1992	Height 5'07	Weight 105	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion NOT INDICA	
Local Address (Street, Apt. Number) 268 LINCOLN AVE, TAVERNIER, FL 33070		Phone (231) 409-6477		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) 268 LINCOLN AVE, TAVERNIER, FL 33070		Phone (231) 409-6477		Residence Type 1. City 2. County 3. Out of State 3	
Business Address (Name, Street) H163005925070 / FL		Phone (231) 409-6477		Occupation FL DL	
D/L Number, State H163005925070 / FL		Sex, Soc. Number		INS Number	
Place of Birth (City, State) TRAVERS CITY, MI,		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)	
Notified by (Name)		Date		Time	
Released by (Name)		Relationship		Date	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity S. Sell B. Buy P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment Synthetic	
U. Unknown Z. Other		Statute Violation Number 784.03(1A1)		Violation of ORD #	
Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)		Drug Activity		Drug Type	
Amount / Unit /		Offense # 21-008985		Counts 1	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence	
Warrant / Capias Number		Bond		Violation of ORD #	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence	
Warrant / Capias Number		Bond		Violation of ORD #	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Threats <input type="checkbox"/> Delinquency <input type="checkbox"/> Injuries			
Clock which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond		<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.F. County Jail		PROPERTY - Received By	
Transported By		Date Transported		Time Transported	
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach FL 33484			
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 SHALL BE ISSUED.		Court Date and Time 8/23/21 08:30 AM			
Signature of Defendant (or Juvenile and Parent/Guardian)		Date Signed			
HOLD in Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Intake Agency DBPD		Pruch #		I.D. # 1194	
Transporting Officer E. HERNANDEZ		I.D. # 1194		Agency DBPD	
Witness here if subject signed with an "X".		PAGE 1 OF 1			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 07/26/2021 20:29		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-008985		
	Name (Last, First, Middle) HOBART, ASHLEY ELIZABETH						Race W	Sex F	Date of Birth 01/07/1992
CHARGE	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)								
VICTIM	Victim's Name (Last, First, Middle) TRAPP, CHARLES SAMUEL J						Race W	Sex M	Date of Birth 11/03/1966
	Local Address (Street, Apt. Number) 268 LINCOLN AVE, TAVERNIER, FL 33070		(City)	(State)	(Zip)	Phone (305) 902-7870		Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):					
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			UPSET					
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND								
	PHOTOGRAPHS:		Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
			Victim:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: TRAPP, CHARLES					
	WEAPON USED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: PERSONAL WEAPONS					
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)					
	INJURIES:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:					
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:					
	H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:					
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
NARRATIVE	The following incident occurred in the city of Delray Beach, county of Palm Beach, state of Florida.								
	On 7/26/2021, I responded to 10 N Ocean Blvd (Opal Grand Hotel) for a report of a disturbance between a male and female in room 461. According to dispatch the male advised he was trying to leave the room and being								
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	STATE OF FLORIDA COUNTY OF PALM BEACH								
	Appeared before me, <u>EDWIN HERNANDEZ</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
	 194 SIGNATURE OF ARRESTING OFFICER								
	Sworn to and subscribed to before me this <u>26</u> day of <u>July</u> , <u>2021</u> .								
RUSCZYK, JONATHAN N NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/26/2021 20:29		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-008985

prevented by the female. Additionally, dispatch could hear both parties stating that they were being hit by the other.

Upon arrival, the male was already outside the building and waiting for officers in the parking lot. The male identified himself as Charles Trapp (w/m). Trapp stated that he and his girlfriend, Ashley Hobart(w/f), just returned to the room and were arguing. According to Trapp when he attempted to exit the room, Hobart pushed him backward and would not let him leave. Trapp advised that Hobart also struck him several times in the face and torso during the altercation. Trapp stated that he did his best to keep her away from him while collecting his dog. Trapp called 911 from his phone during the incident and was able to leave the room shortly after. Trapp had no visible marks to document from the altercation. Trapp made his statement on body worn camera and swore to its accuracy and completeness.

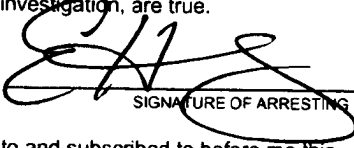
Contact was made with Hobart in the hotel room where she appeared upset and was crying. Hobart stated that the argument began as the couple walked to the hotel from a nearby bar. According to Hobart, the argument continued when they arrived in the room, and she pleaded with Trapp not to leave. When it appeared that Trapp was intent on leaving, Hobart stood in his way and pushed him backward to prevent his exit. Hobart stated that she also smacked the phone from Trapps hand and ripped the watch from his wrist. Hobart also advised that Trapp shoved her back, causing her to fall and scratch her forehead on the corner of the bedframe. Hobart initially stated to officers that Trapp did not touch or strike her except for the shove. Later in her statement, Hobart contradicted herself claiming that Trapp punched her in the face several times but had no marks nor injuries consistent with this statement. Hobart stated that she eventually entered the restroom, allowing Trapp the opportunity to leave the room. The scratch on Hobart's forehead was photographed and she declined medical attention.

It should be noted that Hobart and Trapp have been in a relationship for approximately 8 months and live together at their home in Tavernier, Florida.

Based on the above facts, probable cause does exist to arrest Ashley Hobart for Simple Battery - Domestic Violence pursuant to FSS 784.03(1A1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, EDWIN HERNANDEZ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 1194
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of July, 2021.

RUSCZYK, JONATHAN N
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-008985 Agency: DBPD
Offense: SIMPLE BATTERY - DV
Suspect/Offender: HOBART, ASHLEY
D.O.B: 1-7-92 Race: LO Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: TRAPP, CHARLES
Address: 262 LINCOLN AVE
City: TAVERNIER State: FL Zip: 33070
Home #: 305-902-7270 Work #: _____ Other: _____
 - b. Victim's next of kin:
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: E. HERNANDEZ I.D.: 1194 Date: 7/26/21

SUSPECT/OFFENDER: HOBART, ASHLEY COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021018525	Date: 7/27/2021
	Specialist Name/ID: M. Tooks #8557