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ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 20-000274		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE			
	Charge Type: Check as many as apply: <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		Location of Arrest (Including Name of Business) 2144 W INDIANTOWN RD, JUPITER, FL 33458		Location of Offense (Business Name, Address) 2144 W INDIANTOWN RD, JUPITER, FL 33458		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 1					
D E F E N D A N T	Date of Arrest 01/17/2020		Time of Arrest 02:50		Booking Date		Booking Time		Jail Date		Jail Time			
	Name (Last, First, Middle) HAEUSSER, BRIAN BENJAMIN		Sex M		Date of Birth 04/26/1980		Height 5'09		Weight 140		Eye Color HAZEL		Hair Color BLONDE /	
C O D E F	Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: HAEUSSER, BRIAN B		Race W - White		Complexion Light		Build Medium		Marital Status S		Religion UNKNOWN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR L ARM / SCAR ON LEFT ELBOW; SCAR L ARM / SCAR LEFT		Local Address (Street, Apt. Number) 165 SW OTTER RUN PL, STUART, FL 34997		Phone (561) 358-3848		Residence Type: 1. City 2. County 3. Out of State 3		Permanent Address (Street, Apt. Number) 165 SW OTTER RUN PL, STUART, FL 34997		Phone (561) 358-3848		Address Source VERBAL	
J U V E N I L E	D/L Number, State H260062801460 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PANAMA, Panama		Citizenship US					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
C H A R G E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone			
N O T I C E	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
	Released To: (Name)		Relationship		Date		Time							
I N T A K E	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 N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
C H A R G E	Charge Description TRESPASS AFTER WARNING - PROPERTY		Statute Violation Number 810.09(2)(B)		Violation of ORD #									
	Drug Activity		Drug Type N		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
N O T I C E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
N O T I C E	Transported By		Date Transported		Time Transported		Other				JAN 17 AM 4:15			
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 02/19/2020 08:30:00						No Photo Available			
A D M I N	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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed									
	HOLD for Other Agency		Signature of Arresting Officer LOPEZ 325		Name Verification (Printed by Arrestee)									
I N T A K E	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) LOPEZ, BRANDON		I.D. # 1191				PAGE 1 OF 1			
	Intake Deputy SMANN 8101		Pouch #		Transporting Officer LOPEZ 325		I.D. # 325		Agency		Witness here if subject signed with an "X".			

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

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JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-000274		
	Charge Type: Check as many as apply.		Special Notes:		1. Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		
		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>	

D E F E N D A N T	Name (Last, First, Middle) HAEUSSER, BRIAN BENJAMIN			Alias HAEUSSER, BRIAN B			Race W	Sex M	Date of Birth 04/26/1980
	Charge Description 810.09(2)(B) TRESPASS AFTER WARNING - PROPERTY			Charge Description					
Charge Description			Charge Description						

V I C T I M	Victim's Name (Last, First, Middle) WALMART,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 2144 W INDIANTOWN RD, JUPITER, FL 33458			(City)	(State)	(Zip)	Phone (561) 225-3519		Address Source
	Business Address (Name, Street) WAL M A R T			(City)	(State)	(Zip)	Phone (561) 746-6422		Occupation RETAIL STORE

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.
The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the **17** day of **January**, **2020** at **03:11** (Specifically include facts constituting cause for arrest.)

I utilized my Body Worn Camera during the below incident:
On 01/17/20, at 0250 hours, I was dispatched to Walmart, located at 2144 West Indiantown Road, in reference to a possible trespasser.
Upon arrival, I made contact with the store manager, Brandon, who advised a subject who was just recently trespassed from the store earlier in the evening had returned. I then made contact with Brian Haeusser (w/m 04/26/80) inside the store. I recognized Haeusser from a previous encounter, approximately 2 hours earlier in the evening, during which I trespassed him from Walmart for a period of one year, per management (JPD 20016570). Haeusser told me he didn't take the trespass warning seriously because it wasn't in writing.
Based on my investigation, I found probable cause to arrest and charge Haeusser with Trespass After Warning, pursuant to FSS 810.09(2)(B).
I placed Haeusser into handcuffs in the rear, which I double-locked and checked for proper spacing.
Haeusser was transported to the Palm Beach County Jail without incident.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT) LOPEZ, BRANDON (1191)	
	DATE 01/17/2020		DATE 01/17/2020	



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020001934	Date: 1/17/2020
	Specialist Name/ID: B Evans / 23649

SEARCHED
SERIALIZED