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2/11/166

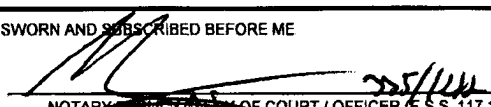

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-001514		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	If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) MAX PLANCK, JUPITER FL. 33458				Location of Offense (Business Name, Address) 1 MAX PLANCK WAY, JUPITER, FL 33458				
Date of Arrest 05/01/2021	Time of Arrest 03:30	Booking Date 05/01/2021	Booking Time 03:40	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) RODRIGUEZ, BYRON EDWARD				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Oriental/Asian W				Sex M	Date of Birth 09/06/1983	Height 5'06	Weight 180	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion OTHER	Complexion LIGHT		
Local Address (Street, Apt. Number) 3107 RIVER COVE DR, TAMPA, FL 33614				(City)	(State)	(Zip)	Phone	
Permanent Address (Street, Apt. Number) 3107 RIVER COVE DR, TAMPA, FL 33614				(City)	(State)	(Zip)	Phone	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	
D/L Number, State R362065833260 / FL				INS Number	Place of Birth (City, State) TAMPA, FL, United	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	
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 Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time Released To: (Name) Relationship Date Time				Residence Phone Business Phone 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				
Drug Activity N. N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Disperses/ 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 S. Synthetic U. Unknown Z. Other				
Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION				Statute Violation Number 856.011		Violation of ORD #		
Drug Activity N	Drug Type /	Amount / Unit /	Offense # 21-001514	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond
Charge Description TRESPASS AFTER WARNING - STRUCTURE OR CONVEYANCE				Statute Violation Number 810.08(1)(2)(6)		Violation of ORD #		
Drug Activity N	Drug Type /	Amount / Unit /	Offense # 21-001514	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond
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				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported		Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input 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 06/09/2021 08:30:00		
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 347		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) COUNTS, RUSSELL L		I.D. # 1150		
Transporting Officer R. COUNTS				I.D. # 347		Agency JPD		
Witness here if subject signed with an "X".				PAGE 1 OF 1				

☐ COURT ☐ STATE ATTORNEY ☐ ALTERNATE ☐ CHIEF ANALYST ☐ PHOTO AVAILABLE

SCANNED

MAY 02 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	X
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001514					
	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		Special Notes:			
D E F	Name (Last, First, Middle) RODRIGUEZ, BYRON EDWARD				Race W		Sex M		Date of Birth 09/06/1983	
	Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION				Charge Description 810.08(1) TRESPASS AFTER WARNING - STRUCTURE OR CO					
V I C T I M	Victim's Name (Last, First, Middle) MAX PLANK,				Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1 MAX PLANCK WAY, JUPITER, FL 33458				Phone (561) 972-9000		Address Source			
B U S I N E S S A D D R E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
	<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1</u> day of <u>May</u>, <u>2021</u> at <u>03:30</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 5/1/21, at 0244 hours, I was dispatched to 1 Max Planck Way in Jupiter, regarding an unwanted guest. Security called previously of an intoxicated subject on property. Security asked the subject, later identified as, WM Byron E. Rodriguez DOB: 9/6/83, be removed from the property.</p> <p>Security advised Rodriguez was back on property and was now inside the building. Rodriguez entered through an employee entrance. The building was searched and after a short while, Rodriguez was located inside the building.</p> <p>Rodriguez was extremely intoxicated and contact was made. I placed handcuffs on him, which were double locked and checked for proper spacing, and placed him in the rear of my patrol vehicle.</p> <p>Rodriguez was transported to the Jupiter Police Department for processing. Once processing was completed, Rodriguez was transported to county jail without incident.</p> <p>In conclusion of the incident, I find probable cause to charge Rodriguez with trespass after warning per F.S.S 810.08(1) and disorderly intoxication per F.S.S. 856.011.</p>									
S W O R N A N D S U B S C R I B E D B E F O R E M E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> NOTARY PUBLIC / JUDGE OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/01/2021 DATE</p>									
	<p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>COUNTS, RUSSELL L (1150) NAME OF OFFICER (PLEASE PRINT)</p> <p>05/01/2021 DATE</p>									
<p>PAGE 1 OF 1</p>										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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

REVIEW COMPLETED BY

Booking Number: 2021010525

Date: 05/02/2021

Specialist Name/ID: T Howard/7185