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| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|---------------------------------------------------|--|-------------------------------------------------------|--|
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number (N.T.A.'s only) 06-21-084145 | | | | | | | |
| Charge Type Check as many as apply. | | 1. Felony | | 2. Traffic Felony | | 3. Misdemeanor | | 4. Traffic Misdemeanor | | 5. Ordinance | | 6. Other | |
| Location of Arrest (Including Name of Business) | | Location of Offense (Business Name, Address) | | | | | | | | | | | |
| 970 N. CONGRESS AVE | | | | | | | | | | | | | |
| Date of Arrest 07/09/2021 | | Time of Arrest 1638 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | |
| Name (Last, First, Middle) Lasser, Jay, Robert | | | | | | | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W M | | Date of Birth 12/27/1956 | | Height 6'00 | | Weight 250 | | Eye Color BROWN | | Hair Color BROWN | |
| Complexion MED | | Build HEAVY | | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status Single | | Religion JEWISH | | Indication of Alcohol Influence Drug Influence | | Y N Unk | |
| Local Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone (561) 737-8132 | | Residence Type | | 1. City 2. County 3. Florida 4. Out of State | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Address Source VERBAL | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | | Phone | | Occupation | | | |
| DL Number, State L260436564670, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) PITTSBURGH, PA | | Citizenship US | | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | 1. Arrested 2. At Large | | 3. Felony 4. Misdemeanor 5. Juvenile | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | 1. Arrested 2. At Large | | 3. Felony 4. Misdemeanor 5. Juvenile | | | |
| Parent Legal Custodian Other: | | Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Residence Phone | | | |
| Notified by: (Name) | | Date | | Time | | Juvenile Disposition 1. Handled/processed within Dept. and Released 2. TOT HRS / DYS 3. Incarcerated | | | | | | | |
| Released To: (Name) | | Relationship | | Date | | Time | | | | | | | |
| The above address provided by defendant and / or defendant's parents the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. | | School Attended | | Grade | | | | | | | | | |
| Property Crime? Yes 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. Dispense/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine | |
| Charge Description PETIT THEFT | | Counts 1 | | Domestic Violence Y N | | Statute Violation Number 817.52 (2)(E) | | Violation of ORD # | | | | | |
| Drug Activity N | | Drug Type N | | Amount / Unit N/A | | Offense # 21-084145 | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence Y N | | Statute Violation Number | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence Y N | | Statute Violation Number | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence Y N | | Statute Violation Number | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence Y N | | Statute Violation Number | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | |
| Location (Court, Room Number, Address) | | | | | | | | | | | | | |
| Court Date and Time | | | | | | | | | | | | | |
| Month | | Day | | Year | | Time | | AM | | | | | |
| 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 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. | | | | | | | | | | | | | |
| 07/09/2021 | | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent / Custodian) | | | | | | | | | | | | | |
| Date Signed | | | | | | | | | | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer | | Name Verification (Printed by Arrestee) | | | | | | | | | |
| 1. Dangerous 2. Suicidal | | Resisted Arrest 3. Other | | Name of Arresting Officer (Print) B. RIGHTLER | | ID # 6389 | | (PRINT) | | | | | |
| Intake Deputy # | | ID # | | Agency PBSO | | Witness here if subject signed with an "X" | | | | | | PAGE OF 1 | |
| DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) | | | | | | | | | | | | | |

JUL 10 2021

| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
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| ADMIN | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06- 21-084145 | | | | | | | | |
| | Charge Type: Check as many as apply. | | 1. Felony 2. Traffic Felony | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 6. Other | | Special Notes | | | | |
| CHARGES | Name (Last, First, Middle) Lasser, Jay, Robert | | | | Alias | | Race W | | Sex M | | Date of Birth 12/27/1956 | | |
| | Charge Description THEFT OF SERVICES | | | | 817.52 (2) | | Charge Description | | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) Charles, Jean, Francel | | | | Race B | | Sex M | | Date of Birth 04/10/1955 | | | | |
| | Local Address (Street, Apt. Number) 21 Southern Cross Cir Apt 204, Boynton Beach, FL 33436 | | | | (City) | | (State) | | (zip) | | Phone () | | |
| ADMINISTRATIVE | Business Address (Name, Street) () | | | | (City) | | (State) | | (zip) | | Phone () | | |
| | Address Source VERBAL | | | | 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. The Person taken into custody</p> <p><input 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 _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>9</u> day of <u>JULY</u> 20<u>21</u> at <u>4:13</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>ON THE ABOVE DATE AND TIME I WAS DISPATCHED TO 970 N. CONGRESS AVE. IN REFERENCE TO A CAB RIDE WHERE THE FARE WAS NOT ABLE TO PAY THE DRIVER. UPON ARRIVAL I SPOKE WITH THE VICTIM WHO ADVISED ME THE FARE WAS \$60.00 AND THE PASSENGER WAS TRYING TO PAY WITH A PERSONAL CHECK. AFTER GIVING THE DEFENDANT JAY LASSER SEVERAL CHANCES TO FIND ANOTHER MEANS OF PAYING HE ADVISED ME THAT HE COULD NOT SINCE THE CHECK HE WAS GOING TO WRITE THE DRIVER HAD NO MONEY IN THE ACCOUNT. HE THEN ASKED US TO CALL HIS MOTHER BUT THEN SAID SHE ALSO HAD NO WAY OF PAYING. HE THEN TRIED TO TELL US THAT A FRIEND IN NORTH PALM COULD PAY HIS FARE, BUT HE WAS NOT SURE OF HIS NUMBER OR IF HE WAS EVEN HOME. AFTER EXHAUSTING ALL AVENUES OF WAYS TO HAVE HIM MAKE A PAYMENT FOR THE SERVICES HE RECEIVED HE WAS PLACED UNDER ARREST. LASSER IS BEING CHARGED WITH PETIT THEFT IN ACCORDANCE WITH F.S.S. 812.014(2)(E).</p> <p>NOT A CERTIFICATE</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>B. RIGHTLER (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9</u> day of <u>JULY</u> 20<u>21</u> by <u>D/S RIGHTLER #6389</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p><u>B. ROODE #9707</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>PAGE <u>1</u> OF <u>1</u></p> | | | | | | | | | | | | | |



**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: 2021016958 | Date: 7/10/2021 |
| | Specialist Name/ID: M. Tooks #8557 |

SCANNED
JUL 10 2021