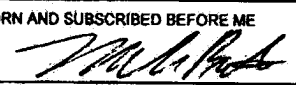



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ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBT Number				
Agency ORI Number FL 5 0 0 6 0 0		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 7 6 - - - - -
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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		Multiple Clearance Indicator U F
Location of Arrest (Including Name of Business) 2 S. County Rd Palm Beach FL 33480 (Breakers Hotel)		Location of Offense (Business Name, Address) Same		
Date of arrest 0 7 0 2 2 1	Time of Arrest 0 0 5 5	Booking Date	Booking Time	Jail Date
Name (Last, First, Middle) Newell Jeffrey David		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black I - American Indian O - Oriental	Sex M	Date of Birth 1 2 1 9 8 4	Height 5 1 1	Weight 2 0 0
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	Build Med
Local Address (Street, Apt. Number) 2941 Stella Blue Ln		(City) Fairfax	(State) VA	(Zip) 22031
Permanent Address (Street, Apt. Number) 2941 Stella Blue Ln		(City) Fairfax	(State) VA	(Zip) 22031
Business Address (Name, Street) AT&T Group Inc		(City) Fairfax	(State) VA	(Zip) 22031
DA Number, State B24655573 VA		INS Number	Place of Birth (City, State) Fairfax, VA	Citizenship US
Co-Defendant Name (Last, First, Middle) Newell Tatiana Linda		Race W	Sex F	Date of Birth 1 2 7 1 8 9
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Name (Last) Other:		(First) (Middle)	Residence Phone ( )	
Address (Street, Apt. Number)		(City) (State)	(Zip)	Business Phone ( )
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated
Released To: (Name)		Relationship		
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. 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: (Name) <input type="checkbox"/> No: (Reason)		School Attended		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		
Value of Property				
Drug Activity N. N/A R. 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	
B. Barbiturate C. Cocaine F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment	S. Synthetic
U. Unknown Z. Other				
Charge Description Neglect of a child		Counts 2	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 8 2 7 1 0 3
Drug Activity N		Drug Type N	Amount / Unit	Offense # 21-000787
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)		
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year Time P.M.		
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.				
Signature of Defendant (or Juvenile and Parent / Custodian)				
Date Signed				
HOLD for other Agency Name:		Signature of Arresting Officer X		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Justin Rothenburg		
Intake Deputy SPANN, DICK		I.D. # 0004		
Pouch #		Transferring Officer I.D. # 0004		
Agency PBPD		Name Verification (Printed by Arrested) (PRINT)		
Witness here if subject signed with		Witness here if subject signed with		

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		F	JUVENILE	11			
Agency ORI Number <b>FL 0500600</b>		Agency Name <b>PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>7 6 21-000787</b>									
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) <b>NEWELL, JEFFREY DAVID</b>								Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/19/1984</b>			
Charge Description <b>827.03(AC) CHILD NEGLECT W/O CAUSE GREAT HARM</b>				Charge Description									
Charge Description				Charge Description									
Victim's Name (Last, First, Middle)								Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Address Source				
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 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>2</u> day of <u>July</u>, <u>2021</u> at <u>01:15</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 07/01/21 at 2120 hours, I responded to 1 S. County Rd. (The Breakers Hotel) reference child abuse. Upon arrival, I met with The Breakers Security who advised me that the individuals located in room 1119 left their infant unattended. According to The Breakers Security team, a housekeeping staff member from The Breakers Hotel observed an infant who was left unattended in room 1119, when they entered the room to clean it. According to The Breakers Security, the door card reader on room 1119 registered the following timeline that individuals entered the room. A housekeeping staff member enters room 1119 at 2101 hours to clean the room, followed by a second housekeeper entering the room at 2102 hours. At 2107 hours, the housekeepers left the room. At 2113 hours, the housekeeping assistant director and 2 housekeepers entered room 1119. At 2116 hours, the off duty detail officer responded to room 1119 along with The Breakers security staff. At 2122 hours, the security manager from The Breakers called _____ of the child via telephone to let her know _____ was left unattended. At 2130 hours, _____ of the infant returned to the room.</p> <p>At 2205 hours, I responded to room 1119 reference the incident. Upon entering the room, observed one male infant approximately 2 YOA sleeping in a crib. Additionally, I observed a second infant male approximately 1 YOA, sleeping in a second crib, which was covered by a zipped blackout curtain, which appeared to be designed for the crib, making it impossible to check on the status of the infant via video monitor. I spoke with _____ and _____ of the infants, W/F _____ (DOB 01/27/89) and W/M Jeffrey Newell (DOB 12/19/1984), who stated they went to dinner at The Seafood Bar at approximately 1900 hours, which was confirmed by the restaurant staff. However, _____ was the last adult to leave room 1119, at 1939 hours, after she put the children to sleep. They stated there was a baby monitor in the hotel room that sent her notifications via telephone. They also stated the baby monitor had a live video and audio feed of the room on their cell phones. In her interview, _____ stated she "looked at her phone every 20 minutes". All 6 adults in the party were seen on video</p>													
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>070221</u> DATE											SIGNATURE OF ARRESTING INVESTIGATING OFFICER  <b>ROTHENBURG, JUSTIN M (1100004)</b> NAME OF OFFICER (PLEASE PRINT) <u>07/02/2021</u> DATE		PAGE <b>1 OF 2</b>

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED

JUL 04 2021

OETS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	<b>F</b>	JUVENILE <b>11/</b>
Agency ORI Number <b>FL 0500600</b>		Agency Name <b>PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>7 6 21-000787</b>			
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>NEWELL, JEFFREY DAVID</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/19/1984</b>	
<p>dining together, leaving no one present to care for the children. Due to the fact that there were a total of 4 hotel employees and 1 police officer in the room by 2116 hours and [REDACTED] did not respond to the room until 2130 hours, after being notified by security, proper supervision was not being provided for the children. DCF investigator Potier responded to the scene to conduct an investigation and spoke with [REDACTED], and [REDACTED]. She determined that this case met DCF's criteria for neglect. She stated during the interview, she could smell alcohol on [REDACTED] of the child.</p> <p>Based on the above stated facts, probable cause exists to charge [REDACTED] and Jeffrey Newell with Neglect of a child pursuant to F.S.S. 827.03(3c) as they both failed to provide [REDACTED] with care, supervision, and services necessary to maintain the children's physical health including but not limited to supervision, that a prudent person would consider essential for the well-being of the child and said persons were [REDACTED].</p>							
NOT A CERTIFIED COPY							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>070221</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>ROTHENBURG, JUSTIN M (1100004)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>07/02/2021</b></p> <p>DATE</p> </div> </div>							
PAGE <b>2 OF 2</b>							

COURT

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P. I. O.

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JUL 04 2021



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021016150

Date: 7/2/2021

Specialist Name/ID: T Howard/7185

**SCANNED**  
**JUL 04 2021**