

J# 0523348 50-2021-MM-003502-ASB PH 3994

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrested 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 21-006041							
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 None/not Applicable		Multiple Clearance Indicator 2							
Location of Arrest (Including Name of Business) 8 E ATLANTIC AVE, DELRAY BEACH		Location of Offense (Business Name, Address) 8 E ATLANTIC AVE, DELRAY BEACH, FL 33444									
Date of Arrest 05/16/2021		Time of Arrest 01:35		Booking Date 05/16/2021		Booking Time 01:45		Jail Date 05/16/2021		Jail Time 02:27	
Name (Last, First, Middle) GOTTENGER BABILONIA, LEONARDO ISAAC		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 05/18/1999		Height 5'10		Weight 180		Eye Color BRO	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Not Indicated		Religion Not Indicated		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Complexion MEDIUM	
Local Address (Street, Apt. Number) 16258 ROSECROFT TER, DELRAY BEACH, FL 33446		(City) FL 33446		(State) FL		(Zip) 33446		Phone (561) 889-4393		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 2	
Permanent Address (Street, Apt. Number) 16258 ROSECROFT TER, DELRAY BEACH, FL 33446		(City) FL 33446		(State) FL		(Zip) 33446		Phone (561) 889-4393		Address Source Verbal	
Business Address (Name, Street) 16258 ROSECROFT TER, DELRAY BEACH, FL 33446		(City) FL 33446		(State) FL		(Zip) 33446		Phone (561) 889-4393		Occupation	
DL Number, State G32529991780 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) New York City NY		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)						Residence Phone			
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
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					
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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
C O D E 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	
Charge Description DISORDERLY INTOXICATION		Statute Violation Number 856.011		Violation of ORD # OR							
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE		Statute Violation Number 843.02		Violation of ORD # OR							
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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 checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported 5/16/21		Time Transported 01:45		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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 06/24/2021 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Signature of Arresting Officer PATEL, JESAL		Name Verification (Printed by Arrestee) 1122		(PRINT)					
Transporting Officer CHARLES REED		I.D. # 1122		Agency DBPD		Witness here if subject signed with an "X"				PAGE 1 OF 1	

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number	Agency Name		Agency Report Number					
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT		4 0 21-006041					
DEFENSE	Charge Type: Check as many as apply.		Special Notes:						
	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other								
CHARGES	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	GOTTENGER BABILONIA, LEONARDO ISAAC				W	M	05/18/1999		
CHARGES	Charge Description		Charge Description						
	856.011 DISORDERLY INTOXICATION		843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE						
CHARGES	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth			
	State Of Florida								
VICTIM	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 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 16 day of May, 2021 at 01:35 (Specifically include facts constituting cause for arrest.)</p>									
<p>The following incident occurred in the city of Delray Beach, Palm Beach County, Florida.</p> <p>On 5/16/2021, at 0135 hours, I was outside of Tin Roof located at 8 E Atlantic Ave conducting an extra patrol when one of the bouncers ran inside the club. Ofc Reed and Cusson, who were working an off-duty detail at Tin Roof in their Delray Beach Police uniform, ran inside with the bouncer. Ofc Reed and Cusson noticed the defendant Leonardo Gottenger rearing his arm back with a closed fist in a fighter stance, attempting to start an affray. Ofc Reed, Cusson, and I confronted Gottenger in an attempt to remove him from the bar. Gottenger immediately began actively resisting us, his hands still clenched in a fist and trying to pull away from us. Multiple commands were given to stop resisting, but Gottenger refused and continued to pull away from Officers. Ofc Cusson, Reed, and I grabbed Gottenger and, using our body weight, brought him to the ground. Once on the ground, Gottenger began kicking his legs and actively kept tensing up his arms and ripping them away from officers. Multiple verbal commands again were given to Gottenger to stop resisting. Gottenger failed to place his hands behind his back, at which point Ofc Cusson deployed his department-issued taser and drive stunned Gottenger in the middle of his back. Gottenger released his arms and was placed into handcuffs without further incident.</p> <p>I then met with the bouncer at Tin Roof, who stated Gottenger was cursing at females, giving the middle finger to people, and yelling at others around him. Based on his disorderly actions, the bouncer approached Gottenger in an effort to remove him from the bar.</p> <p>Based on the above facts probable cause exists to charge Isaac Gottenger with disorderly intoxication pursuant to FSS 856.011 and Resisting Without Violence pursuant to FSS 843.02.</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME								
	LEON, OSCAR NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10) 05/16/2021 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PATEL, JESAL (1120) NAME OF OFFICER (PLEASE PRINT) 05/16/2021 DATE						
								PAGE 1 of 1	

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

REVIEW COMPLETED BY

Booking Number: 2021011872

Date: 5/16/2021

Specialist Name/ID: M. Tooks #8557