

0527001

50-2021-MM-008193-ASB

3745

| ARREST / NOTICE TO APPEAR   |                | 1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Citrus  |              | 1   | JUVENILE   |
|---|----------------|---|--------------|---|--|
| OBIS Number   |                | Agency ORI Number   |              | Agency Name   |  |
| 0500400   |                | Delray Beach Police Department  |              | Agency Report Number (N.T.A.'s only): 4 0 21-013011   |  |
| Charge Type<br>Check as many as apply:<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony  |                | <input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |              | If Weapon Seized<br>Enter type: UNARMED   |  |
| Location of Arrest (Including Name of Business)   |                | Location of Offense (Business Name, Address)  |              | Multiple Clearance Indicator  |  |
| 32 SE 2ND AVE DELRAY BEACH, FL 33444  |                | 32 SE 2ND AVE, DELRAY BEACH, FL 33444   |              | N   |  |
| Date of Arrest  | Time of Arrest | Booking Date  | Booking Time | Jail Date   | Jail Time  |
| 10/31/2021  | 17:10          | 10/31/2021  | 17:20        | 10/31/2021  | 17:24  |
| Name (Last, First, Middle)  |                | Alias:  |              | Alias (Name, DOB, Sex, etc.)  |  |
| MONGER, LOUISE  |                |   |              |   |  |
| Race  | Sex            | Date of Birth   | Height       | Weight  | Eye Color  |
| W White<br>B Black<br>O Oriental/Asian  | W F            | 12/07/1981  | 5'06         | 125   | BROWN  |
| Hair Color  | Complexion     | Build   |              |   |  |
| BLACK   | FAIR           | (Small)   |              |   |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |                | Marital Status  |              | Religion  |  |
| TATT RIGH WRIST / TRUST   |                | S   |              | MI  |  |
| Local Address (Street, Apt. Number)   |                | (City)  |              | (State) (Zip)   |  |
| 415 EAST NORTH WATER ST, CHICAGO, IL 60611  |                | Chicago, IL   |              | 60611   |  |
| Permanent Address (Street, Apt. Number)   |                | (City)  |              | (State) (Zip)   |  |
| 415 EAST NORTH WATER ST, CHICAGO, IL 60611  |                | Chicago, IL   |              | 60611   |  |
| Business Address (Name, Street)   |                | (City)  |              | (State) (Zip)   |  |
| 52652181948M / IL   |                | [REDACTED]  |              | [REDACTED]  |  |
| Co-Defendant Name (Last, First, Middle)   |                | Race  |              | Sex   |  |
|   |                |   |              |   |  |
| Co-Defendant Name (Last, First, Middle)   |                | Race  |              | Sex   |  |
|   |                |   |              |   |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other<br><input type="checkbox"/> Legal Custodian  |                | Name (Last, First, Middle)  |              | Residence Phone   |  |
| Address (Street, Apt. Number)   |                | (City)  |              | (State) (Zip)   |  |
| Notified by (Name)  |                | Date  |              | Time  |  |
| Released To (Name)  |                | Relationship  |              | Date  |  |
|   |                |   |              |   |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>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   |  |
| Drug Activity   |                | S Sell<br>N N/A<br>P Possess  |              | R Snuggle<br>D Deliver<br>E Use   |  |
| K Disperse/<br>Distribute   |                | M Manufacture/<br>Produce/<br>Cultivate   |              | Z Other   |  |
| Drug Type   |                | S N/A<br>A Amphetamine  |              | B Barbiturate<br>C Cocaine<br>E Heroin  |  |
| H Hallucinogen<br>M Marijuana<br>O Opiate/Deriv   |                | P Paraphernalia/<br>Equipment   |              | S Synthetic   |  |
| U Unknown<br>Z Other  |                |   |              |   |  |
| Charge Description  |                | Statute Violation Number  |              | Violation of ORD #  |  |
| DISORDERLY INTOXICATION   |                | 856.011   |              |   |  |
| Drug Activity   | Drug Type      | Amount / Unit   | Offense #    | Counts  | Domestic Violence  |
| N   |                |   | 21-013011    | 1   | <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  |              | Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <input type="checkbox"/> Injuries |  |
| Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.I. County Jail  |                | PROPERTY Received By  |              | Released By   |  |
| <input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health  |                | Date Transported  |              | Time Transported  |  |
| Transported By  |                | Date Transported  |              | Time Transported  |  |
| INSTRUCTION NO. 1 - Mandatory appearance in court   |                | Location (Court, Room)  |              | No Photo Available  |  |
| INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.   |                | South County 200 W Atlantic Ave Delray Beach, FL 33444  |              |   |  |
| 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. |                | Court Date and Time   |              | 12/09/2021 08:30:00   |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)   |                | Date Signed   |              |   |  |
| HOLD for Other Agency   |                | Signature of Arresting Officer  |              | Name Verification (Printed by Arrestee)   |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest   |                | Name of Arresting Officer (Print)   |              | (PRINT)   |  |
| <input type="checkbox"/> Suicidal <input type="checkbox"/> Other  |                | JENKINS, HOWARD   |              | 1160  |  |
| Intake Deputy   |                | Transporting Officer  |              | Agency  |  |
| [Signature]   |                | JENKINS   |              | 1160 DBPD   |  |

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ E.O. 12812

SCANNED

NOV 01 2021

| OBTS Number   |  | PROBABLE CAUSE AFFIDAVIT                     |  | 1 Arrest<br>2 N T A |  | 3 Request for Warrant<br>4 Request for Capias |  | 1                  | JUVENILE        |                                    |
|---|--|--|--|---------------------|--|---|--|--------------------|-----------------|------------------------------------|
| Agency ORI Number<br><b>FL 0500400</b>  | Agency Name<br><b>DELRAY BEACH POLICE DEPARTMENT</b> | Agency Report Number<br><b>4 0 21-013011</b> |  |                     |  |   |  |                    |                 |                                    |
| Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other  |  |  |  |                     |  |   |  | Special Notes      |                 |                                    |
| Name (Last First Middle)<br><b>MONGER, LOUISE</b>   |  |  |  |                     |  |   |  | Race<br><b>W</b>   | Sex<br><b>F</b> | Date of Birth<br><b>12/07/1981</b> |
| Charge Description<br><b>856.011 DISORDERLY INTOXICATION</b>  |  |  |  |                     |  |   |  | Charge Description |                 |                                    |
| Charge Description  |  |  |  |                     |  |   |  | Charge Description |                 |                                    |
| Victim's Name (Last First Middle)<br><b>State Of Florida</b>  |  |  |  |                     |  |   |  | Race               | Sex             | Date of Birth                      |
| Local Address (Street, Apt. Number)   |  |  |  |                     |  | (City)  |  | (State)            | (Zip)           |                                    |
| Business Address (Name, Street)   |  |  |  |                     |  | (City)  |  | (State)            | (Zip)           |                                    |
|   |  |  |  |                     |  | Phone   |  | Address Source     |                 |                                    |
|   |  |  |  |                     |  | Phone   |  | Occupation         |                 |                                    |
| 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<br>The Person taken into custody<br><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<br><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.<br>On the <b>31</b> day of <b>October</b> , <b>2021</b> at <b>17:24</b> (Specifically include facts constituting cause for arrest.)   |  |  |  |                     |  |   |  |                    |                 |                                    |
| The following events occurred in the city of Delray Beach, Palm Beach County, Florida.<br><br>On 10/31/2021 at approximately 1650 hours, I responded to Salt Seven, located at 32 SE 2nd Avenue in reference to a white female who was refusing to leave. Business representative Michael Doscher advised a white female was at the outside bar with another female and he needed assistance from the Delray Beach Police Department to remove the female. Upon making contact, Doscher asked the female and her friend to leave, and the female refused and asked why. The female, later identified by Illinois ID as Louise A Monger spoke with slurred speech patterns and appeared to have red bloodshot eyes, in my training and experience I know these to be signs indicative of alcohol consumption. I advised Monger that the business wished her to exit, and that further conversation could take place outside. Monger refused again and turned around, after a few more unsuccessful requests I attempted to escort her from the business. Monger's friend contacted an Uber, and attempted to get Monger to enter the vehicle and leave the area, unsuccessfully. Monger continued to walk towards the business entrance, getting within inches of officers, despite repeated commands to move back. She was shouting that she was not going to leave, and that she was "Just having a good time." Due to Monger's behavior, numerous people from surrounding businesses were staring and recording the interaction.<br><br>I find probable cause to charge the Louise Anne Monger with violation of one count of F.S.S. 856.011-Disorderly Intoxication. |  |  |  |                     |  |   |  |                    |                 |                                    |
| SWORN AND SUBSCRIBED BEFORE ME<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>SCHMIDT, JAMES</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>10/31/2021</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>JENKINS, HOWARD (1160)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>10/31/2021</b></p> <p style="text-align: center;">DATE</p> </div> </div>   |  |  |  |                     |  |   |  |                    |                 |                                    |



**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),<br>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),<br>(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),<br>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: 2021027412

Date: 11/01/2021

Specialist Name/ID: T Howard/7185