

0517290 20mm6263mb

3755

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 3. Request for Warrant		Jvenile	
Agency ORI Number		Agency Name		Agency Report Number			
FL0500600		PALM BEACH POLICE DEPARTMENT		76-20-000877		1 N	
Charge Type: Check as many as apply.		3. Misdemeanor		5. Ordinance		Weapon Seized/Type	
1. Felony		4. Traffic Misdemeanor		6. Other		N/A	
Location of Arrest (Including Name of Business)		The Breakers Hotel		S County Rd		The Breakers Hotel	
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
8-7-2020		1318					
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Tubbs, Mark Clayton							
Race		Sex		Date of Birth		Height	
W		M		5-2-1958		508	
Weight		Eye Color		Hair Color		Complexion	
160		Brown		White		Fair	
Build		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
Slim		M		N/A		Y N Unk Y Y Y	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
672 Brent Ln		Pensacola		Florida		32503	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
672 Brent Ln		Pensacola		Florida		32503	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
D/L Number, State		INS Number		Place of Birth (City/State)		Citizenship	
T-120-552-58-162-OR				Louisiana		U.S.A	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent		Name (Last)		(First)		(Middle)	
<input type="checkbox"/> Legal Custodian							
<input type="checkbox"/> Other							
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Title		Residence Phone	
Released To: (Name)		Relationship		FCIC/NCIC		Date	
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address.		School Attended		Grade		Juv Disposition	
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)				1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated	
Property Crime?		Description of Property		Value of Property			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Recovery Information		0. N/A		1. Voluntary		2. Located Not Returned	
		3. Hospitalized		4. HRS Custody		5. Law Enforcement Custody	
		6. Returned to Parent		7. Deceased		8. Other	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Trespass After Warning		1		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		810.02(2A)	
Drug Activity		Drug Type		Amount/Unit		Offense #	
N/A		N/A				20-000 877	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Resist/obstruct Officer w/o violence		1		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		843.02	
Drug Activity		Drug Type		Amount/Unit		Offense #	
N/A		N/A				20-000 877	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Instruction No. 1		Mandatory Appearance in Court		Location (Court, Room Number, Address)		Court Date and Time	
<input type="checkbox"/> Instruction No. 2		You need not appear in Court but must Comply with instructions on reverse side.		3728 Gun Club Rd. Criminal Justice Complex		August 26 Year 2020 Time 1:45 PM	
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)		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
				X		(PRINT)	
HOLD for other Agency		Name:		Signature of Arresting Officer (Print)		I.D. #	
<input type="checkbox"/> Dangerous		<input type="checkbox"/> Resisted Arrest		Otc. Rothenburg, JM		0004	
<input type="checkbox"/> Suicidal		<input type="checkbox"/> Other:		Otc. Rothenburg, JM		BBPD	
Intake/Refusal		Pouch #		Transporting Officer		I.D. #	
Witness here if subject signed with an 'X'		PAGE		SCANNED		1 OF 1	
				8/11/20 11:08 2020 AOS			

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

OBTS Number	Agency ORI Number FL 050060		Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 20-000877
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		

Name (Last, First, Middle) TUBBS, MARK LAYTON	Alias	Race W	Sex M	Date of Birth 05/02/1958
Charge Description 810.08(1) TRESPASS AFTER WARNING -STRUCTURE OR CON	Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE			


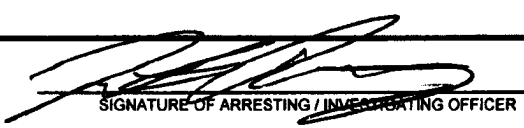
Victim's Name (Last, First, Middle) BREAKERS,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 1 BREAKERS ROW, PALM BEACH, FL 33480	(City)	(State)	(Zip)
Phone (561) 653-6328	Address Source		
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) -	Occupation		

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.
The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the 7 day of August, 2020 at 13:18 (Specifically include facts constituting cause for arrest.)

On 08/07/2020 at 1404 hours, I responded to 1 S. County Rd. (The Breakers Hotel) reference trespassing after warning. Upon arrival, I met with Palm Beach Police Lt. Alber, who was working an off duty detail at The Breakers Hotel, along with The Breakers Security team. Lt. Alber informed me an individual who was later positively identified by a US Passport card as, W/M, Mark Tubbs (DOB 05/02/1958) was being asked to leave. Tubbs, who was a guest at The Breakers Hotel, was located at The Seafood Bar inside the hotel when Lt. Alber made contact with him. He was verbally asked to leave The Breakers Hotel property by The Breakers Security team. Tubbs refused to leave the property when being asked to do so. Lt. Alber then asked Tubbs to leave the property of behalf of The Breakers Security team. Again, Tubbs refused to leave the property.

At this time, I ordered Tubbs to leave The Breakers Hotel property. He stated, "I paid money here, I'm not leaving." Lt. Alber and I attempted to physically escort Tubbs off the premises. However, Tubbs pulled his hand away and refused to comply with verbal commands that were given to him. Lt. Alber commanded Tubbs to stop resisting officers. However, Tubbs refused to comply with all commands that were given to him. Tubbs was placed into custody and secured in the back of a PBPD patrol vehicle.

The Breakers Hotel Security signed a sworn affidavit of prosecution for Trespass After Warning, indicating they would like to prosecute. Based on the totality of the circumstances, probable cause exists to arrest and charge Mark Tubbs with Trespass After Warning pursuant F.S.S. 810.08(1) and Resist/Obstruct Officer Without Violence pursuant F.S.S. 843.02.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
<u>08/07/2020</u> DATE	ROTHENBURG, JUSTIN M (1100004) NAME OF OFFICER (PLEASE PRINT)
	<u>08/07/2020</u> DATE
	PAGE 1 OF 1



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

REVIEW COMPLETED BY

Booking Number: 2020018782

Date: 08/08/2020

Specialist Name/ID: AM/31562