

0502895 21 MM 2971 1637

OBT3 Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias				1 Juvenile					
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		21-058799									
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		Multiple Clearance Indicator <input type="checkbox"/> 0 <input type="checkbox"/> 1		Enter Type											
Location of Arrest (Including Name of Business) 13863 S. Military Trail Delray Beach FL 33484				Location of Offense (Including Name of Business) 13863 S. Military Trail Delray Beach FL 33484													
Date of Arrest 04/24/2021		Time of Arrest 1824		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle n/a					
Name (Last, First, Middle) Solomon				Mark Mark				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian <input checked="" type="checkbox"/> W <input type="checkbox"/> M		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Date of Birth 05/23/1979		Height 5'10		Weight 185		Eye Color BROWN		Hair Color BLACK		Complexion MED		Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UK				Marital Status M		Religion UK		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk									
Local Address (Street, Apt. Number) 14664 Monterey Estates dr Delray Beach FL 33484				City		State		Zip		Phone 786-797-3517		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number) same as above				City		State		Zip		Phone		Address Source					
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation					
DL Number S455540791830				Social Security		INS Number		Place of Birth Florida, Miami		Citizenship USA							
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)										Phone					
Address (Street, Apt. No.)				City		State		Zip		Business Phone							
Notified By (Name)				Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incorporated									
Released To (Name)				Relationship		Date		Time									
The above address was provided by <input type="checkbox"/> defendant's mother <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property										Value of Property					
Drug Activity N. N/A P. Possess S. Sell B. Buy R. Smuggle D. Deliver T. Traffic K. Dispense/ Distribute M. Manufacture/ Produce Cultivate Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana P. Pharmaceutical Equipment U. Unknown Z. Other															
Charge Description SIMPLE BATTERY				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(i)				Violation or ORD. #					
Drug Activity		Drug Type		Amount/Unit		Offense # 21-058799		Warrant/Capias Number				Bond					
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond					
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond					
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond					
Location (Court, Address, Room Number) South county Court House																	
Court Date and Time Month May Day 30 Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Releaved Arrest <input type="checkbox"/> Subsidal <input type="checkbox"/> Other				Signature of Arresting Officer Deputy M. Ruiz ID# 14262				Name Verification (Printed by Arrestee) (PRINT)									
Intake Deputy ID# Pouch #				Transporting Officer D/SPETTI 19327 Agency PBSO				Witness here if subject signed with an "X"									

SCANNED
APR 25 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21-058799			
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 _____		Special Notes							
Defendant Name (Last, First, Middle) Solomon Mark				Race W	Sex M	Date of Birth 05/23/1979			
Charge SIMPLE BATTERY				Charge					
Charge				Charge					
Victim Name (Last, First, Middle) PUCCINI MARCELO				Race W	Sex M	Date of Birth 11/29/2003			
Local Address (Street, Apt. Number) 5135 VENTURA DR		City DELRAY BEACH FL	State 3384	Phone 954-599-5628	Address Source VERBAL				
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign 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... <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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the 24TH day of APRIL 20 21 at 6:24 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On April 24, 2021 at 4:30pm I responded to 13863 S. Military Trail (Nursery Outlets) in unincorporated Delray Beach, FL reference to a disturbance inside the business. Upon my arrival I met with the complainant, Marcelo Puccini who provided me with a sworn written statement stating the following: Puccini stated that he asked a customer to put on a mask to enter the business. Puccini said the unknown male became belligerent and began antagonizing him. Puccini stated words were exchange and the unknown male then was really close to his face and the unknown male then pushed him, Puccini then struck the unknown male. Puccini stated after the push they were both involved in a physical altercation.

I then met the unknown white male at his residence, who was identify as Mark Solomon. Before speaking to Solomon I read the PBSO Miranda card, and he stated he understood all seven statements. He then provided me with sworn written statement stating the following: Solomon stated he went to the Nursery Outlets to buy flowers for his wife. Solomon said while inside an employee ordered him to put on a mask or else. Solomon stated he told the employee to ask him nicely, he then put on a mask. Solomon said the employee continued to verbally harassed him and calling him an asshole. Solomon stated the employee then got in his face he then felt threatened. Solomon stated he then shoved the employee away from him with his right hand. Solomon stated then both were involved in a physical altercation.

I observed a small fresh cut inside Puccini's bottom lip. I also obtained a sworn written statement from a witness, Jazmin Damian Garcia who corroborated with Puccini's and Solomon's statement. Solomon actually and intentionally touched Puccini against his will. Upon completing my investigation I find probable cause exist to arrest Mark Solomon with simple battery pursuant to 784.03(1).

The foregoing instrument was sworn to and affirmed before me this <u>24TH</u> day of <u>APRIL</u> 20 <u>21</u> , by:	
D/S PETTI 19327	Deputy M. Ruiz 14262
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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**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: 2021009960	Date: 04/25/2021
	Specialist Name/ID: C. Denzel/8691

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APR 25 2021