

✓ # 0519489

20 NM-8704

#3377

ARREST / NOTICE TO APPEAR

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

Agency ORI Number: 0500700 Agency Name: Riviera Beach Police Department Agency Report Number (N.T.A.'s only): 814 20-08227

Charge Type: 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other

Location of Arrest (Including Name of Business): 3800 N OCEAN DR RIVIERA BEACH FL 33404 Location of Offense (Business Name, Address): 3800 N OCEAN DR 2009, RIVIERA BEACH, FL 33404

Date of Arrest: 11/07/2020 Time of Arrest: 03:50 Booking Date: 11/07/2020 Booking Time: 04:00 Jail Date: // : // : // Jail Time: // : // : // Location of Vehicle: N/A

Name (Last, First, Middle): HOFF, MARY A Alias: (Name, DOB, Soc. Sec. #, Etc.): N/A

Race: W - White I - American Indian B - Black O - Oriental/Asian Sex: W F Date of Birth: 05/07/1970 Height: 5'05 Weight: 160 Eye Color: BLUE Hair Color: BLONDE/ Completion: FAIR Build: MEDIUM

Local Address (Street, Apt. Number, City, State, Zip): 19135 STREAMCROSSING CT, LEESBURG, VA 20176

Permanent Address (Street, Apt. Number, City, State, Zip): 19135 STREAMCROSSING CT, LEESBURG, VA 20176

Business Address (Name, Street, City, State, Zip): D.L.

D/L Number, State: T65977168/ Soc. Sec. Number: [Redacted] INS Number: [Redacted] Place of Birth (City, State): PARKERSBURG, WV, Citizenship: [Redacted]

Co-Defendant Name (Last, First, Middle): [Redacted] Race: [Redacted] Sex: [Redacted] Date of Birth: [Redacted]

Co-Defendant Name (Last, First, Middle): [Redacted] Race: [Redacted] Sex: [Redacted] Date of Birth: [Redacted]

Parent / Other: [Redacted] Name (Last, First, Middle): [Redacted] Address (Street, Apt. Number, City, State, Zip): [Redacted]

Notified by (Name): [Redacted] Date: [Redacted] Time: [Redacted]

Released To (Name): [Redacted] Relationship: [Redacted] Date: [Redacted] Time: [Redacted]

JUVENILE DISPOSITION: 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated

The above address was provided by [Redacted] defendant and/or [Redacted] 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? [Redacted] Yes [Redacted] No Description of Property: [Redacted] Value of Property: [Redacted]

Drug Activity: S Sell B Buy P Possess R Snuff/Tobacco D Driver E Use K Dispensed/Distribute M Manufacture/Production of Cultivate Other: [Redacted]

Drug Type: N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/Deriv P Paraphernalia/Equipment S Synthetic U Unknown Z Other

Charge Description: BATTERY-SIMPLE (TOUCH OR STRIKE) Statute Violation Number: 784.03(1)(A)(I) Violation of ORD #: [Redacted]

Drug Activity: N Drug Type: N Amount / Unit: / Offense #: 20-08227 Counts: 1 Domestic Violence: [Redacted] Warrant / Capias Number: [Redacted]

Charge Description: [Redacted] Statute Violation Number: [Redacted] Violation of ORD #: [Redacted]

Charge Description: [Redacted] Statute Violation Number: [Redacted] Violation of ORD #: [Redacted]

Health / Apparent Physical Condition of Defendant: [Redacted]

Any knowledge of the following: [Redacted] Mental [Redacted] Escape Risk [Redacted] Medication [Redacted] Deformities [Redacted] Injuries [Redacted]

Check which applies: [Redacted] Released O.R. [Redacted] Released to Parent/Guardian [Redacted] TOT County Jail [Redacted] PROPERTY Received By: [Redacted] Released By: [Redacted] Released To: [Redacted]

Transported By: [Redacted] Date Transported: // : // : // Time Transported: [Redacted] Other: [Redacted]

INSTRUCTION NO. 1 - Mandatory appearance in court

INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

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 THE 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/Guardian): [Redacted] Date Signed: [Redacted]

Name Verification (Printed by Arrestee): [Redacted] (PRINT): [Redacted]

HOLD for Other Agency: [Redacted]

Dangerous: [Redacted] Resisted Arrest: [Redacted] Other: [Redacted]

Intake Agency: [Redacted] Intake #: [Redacted] Pouch #: [Redacted]

Signature of Arresting Officer (Print): TOPPING, C. M. ID #: 6427

Signature of Arrestee: [Redacted] Agency: R.B.P.D.

Witness here if subject signed with an "X": [Redacted]

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT
Palm Beach County

A D M I N	Date / Time 11/07/2020 05:04	Agency Name Riviera Beach Police Department	Agency Report Number 8 4 20-08227
	Agency ORI Number FL FLO500700	Alias	Race Sex Date of Birth W F 05/07/1970

D E F	Name (Last, First, Middle) HOFF, MARY A	Race Sex Date of Birth W F 05/07/1970
-------------	---	---

C H R G E	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Race Sex Date of Birth W M 04/19/1972
-----------------------	---	---

V I C T I M	Victim's Name (Last, First, Middle) HOFF, BRIAN J	Race Sex Date of Birth W M 04/19/1972
----------------------------	---	---

L O C A L A D D R E S S	Local Address (Street, Apt. Number) (City) (State) (Zip) 19135 STREAMCROSSING CT, LEESBURG, VA 20176	Phone	Address Source D.L.
	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCRATCHES AND BITE MARKS
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>	

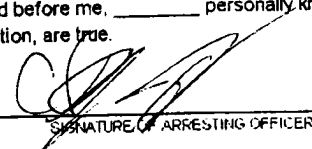
RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CALLER: HOFF, MARY A
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TYPE:
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(If YES, attach witness list)
	INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	AT: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PARAMEDICS: RIVIERA BEACH FIRE RESCUE
	Hospital: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CASE #:	
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

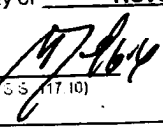
N
A
R
R

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 7 day of November, 2020


DODSON, MICHAEL W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL FL0500700	Agency Name Riviera Beach Police Department	Agency Report Number 8 4 20-08227
--	---	---

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) HOFF, MARY A	Alias	Race W	Sex F	Date of Birth 05/07/1970
---	-------	------------------	-----------------	------------------------------------

Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) HOFF, BRIAN J	Race W	Sex M	Date of Birth 04/19/1972
---	------------------	-----------------	------------------------------------

Local Address (Street, Apt. Number) 19135 STREAMCROSSING CT, LEESBURG, VA 20176	(City)	(State)	(Zip)	Phone	Address Source D.L.
Business Address (Name, Street)	(City)	(State)	(Zip)	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.

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 November, 2020 at 03:50 (Specifically include facts constituting cause for arrest.)

On November 7, 2020 at approximately 3:06 AM, officers responded to 3800 N. Ocean Dr. (Marriott Hotel) in reference to a 911 open line and a female asking for help. Upon arrival on scene, officers utilized their body worn cameras and made contact with the front desk clerk who advised that they had not received any notifications of any 911 calls from any of their room.

Officers searched the hotel with Riviera Beach Police Dispatch on line with the complainant, eventually locating a white male identified as Brian J. Hoff (D.O.B. 04/19/1972) and a white female identified as Mary A. Hoff (D.O.B. 05/07/1970) in room 2009. It should be noted that both Brian and Mary have been married for approximately 8 years, but have no children in common. Upon the discovery of both Brian and Mary, officers observed Mary lying face down on the floor unresponsive in the living room. Officer Topping began to check Mary for vital signs, at which point, Mary regained consciousness and sat upright on the floor. Sergeant M. Dodson (I.D. #4606) observed the hotel phone in the living room area of the suite off of the hook and lying on the floor. Sergeant Dodson picked up the phone and made contact with Communications Operator Lockett (I.D. #5587), who advised that that was the phone that made contact with the police department.

As officers made contact with Brian, who was in his underwear, Officer Topping observed scratch marks on his back and what appeared to be bite marks on his left side. Officer Topping instructed Brian to go into the adjacent bedroom to the living room and also marked the injuries on his body worn camera. Officer Topping informed Brian of his Miranda Rights. Brian refused to provide any statements without the presence of a lawyer. Officer Topping then made contact with Mary in the living room and informed her of her Miranda Rights. Mary refused to provide a statement without the presence of a lawyer, however, Mary spontaneously uttered to Sergeant Dodson prior to being Mirandized that she "did those" in reference to Brian's injuries and further stated that she

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
DODSON, MICHAEL W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	TOPPING, CHRISTOPHER MICHAEL NAME OF OFFICER (PLEASE PRINT)
<u>11/07/2020</u> DATE	<u>11/07/2020</u> DATE

A D M I N I S T R A T I V E		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department		Agency Report Number 8 4 20-08227			
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			
Name (Last, First, Middle) HOFF, MARY A		Alias		Race W	Sex F	Date of Birth 05/07/1970	
<p>couldn't remember if they were done in self-defense. Medics arrived on scene and evaluated Mary for injuries. Mary refused to be transported to the hospital. Paramedics advised that they could not locate any injuries to Mary's person. Brian refused medical treatment on scene and refused to be transported to the hospital.</p> <p>Due to the above described investigation, the lack of statements and witnesses, and the injuries to Brian's person, Mary A. Hoff was placed under arrest for one (1) count of Simple Battery (Domestic). Mary was transported to St. Mary's Medical Center for medical clearance, the Riviera Beach Police Department for processing, and later to the Palm Beach County Jail for booking purposes.</p>							
<p>PROBABLE CAUSE STATEMENT</p> <p>NOT A CERTIFIED COPY</p>							
SWORN AND SUBSCRIBED BEFORE ME							
DODSON, MICHAEL W <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small>		 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>					
11/07/2020 <small>DATE</small>		TOPPING, CHRISTOPHER MICHAEL <small>NAME OF OFFICER (PLEASE PRINT)</small>					
		11/07/2020 <small>DATE</small>				<small>PAGE</small> 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED

NOV 08 2020

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)

- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report 20-08227 Agency Riviera Beach Police Department
Offense: SIMPLE BATTERY
Suspect/Offender: HOFF, MARY A
D. O. B.: 05/07/1970 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's Name: HOFF Brian J
Address: 19135 Streamcrossing Ct.
City: Leesburg State: va Zip: 20170
Home #: N/A Work #: N/A Other: _____

b. Victim's next of kin:
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please _____)

SUSPECT/OFFENDER

HOFF,

MARY

COURT CASE/WARRANT #
(FOR WARRANTS USE ONLY)

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: OFFICER C. TOPPING I.D. # 6427 Date: 11/07/2020

SCANNED
NOV 08 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(vii) 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: 2020026283	Date: 11/08/2020
	Specialist Name/ID: AM/31562

SCANNED
NOV 08 2020