

J# 0517107

2020MM 5708 PH 3992

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest 3 Request For Warrant  
2 N.T.A. 4 Request For Capias  
I Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		Report Number <b>20-088921</b>	
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		Multiple Clearance Indicator <b>0 1</b>	
Location of Arrest (Including Name of Business) <b>2335 S State Road 7 Wellington, FL 33414</b>				Location of Offense (Including Name of Business) <b>Flanigan's Bar And Grill</b>					
Date of Arrest <b>Jul 18, 2020</b>		Time of Arrest <b>23:10</b>		Booking Date <b>Jul 18, 2020</b>		Booking Time		Jail Date	
Jail Time		Location of Vehicle		Name (Last, First, Middle) <b>Logsdon Patrick Theodore</b>					
Race W <input checked="" type="checkbox"/> White B <input type="checkbox"/> Black O <input type="checkbox"/> Oriental/Asian		Sex <b>M</b>		Date of Birth <b>08/26/1983</b>		Height <b>6'06"</b>		Weight <b>265</b>	
Eye Color <b>Brown</b>		Hair Color <b>Brown</b>		Complexion <b>Light</b>		Build <b>Medium</b>		Aliases (Name, DOB, Soc. Sec. #, Etc.)	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Clovers tattooed on right chest</b>				Marital Status <b>Married</b>		Religion <b>Catholic</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>3535 Florence St Wellington FL 33414</b>		City		State		Zip		Phone <b>3212717386</b>	
Permanent Address (Street, Apt. Number) <b>SAME</b>		City		State		Zip		Address Source 1 City 2 County 3 Florida 4 Out of State <b>1</b>	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
Occupation		D/L Number, State <b>L235678833060</b>		Social Security Number		INS Number		Place of Birth <b>Melbourne, FL</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile		Parent Name (Last, First, Middle)		Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/>		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 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 561-355-7526) 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 type="checkbox"/> No		Description of Property		Value of Property		Drug Activity N N/A P Process S Sell B Buy T Traffic R Smuggle D Deliver E Use K Dispense D Distribute M Manufacture P Produce C Cultivate Z Other		Drug Type N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana P Paraphernalia Equipment U Unknown Z Other	
Charge Description <b>Trespass after warning</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>810.09(2)(a) b</b>		Violation or ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>20-088921</b>		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Location (Court, Address, Room Number) <b>3228 Golf Club Rd.</b>		Court Date and Time Month <b>August</b> Day <b>18<sup>th</sup></b> Year <b>2020</b> Time <b>08:30</b> 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"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S R. Aime</b> ID # <b>29795</b>		Name Verification (Printed by Arrestee) (PRINT)		Page <b>1 of 1</b>			
Transporting Officer <b>D/S R. Aime #29795</b>		ID #		Agency <b>PBSO</b>		Witness here if subject signed with an "X"			

NOT A CERTIFIED COPY

BOND  
WEST COUNTY BRANCH  
2020 JUL 20 AM 7:05

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 N.T.A.	3 Request For Warrant 4 Request For Capias	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20-088921</b>				
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) <b>Logsdon Patrick Theodore</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/26/1983</b>		
Charge <b>Trespass after warning</b>		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) <b>Payne Michael</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/14/1980</b>		
Local Address (Street, Apt. Number) <b>2335 S State Road 7</b>		City <b>Wellington</b>	State <b>FL</b>	Zip <b>33414</b>	Phone <b>5614220988</b>	Address Source		
Business Address (Street, Apt. Number) <b>2335 S State Road 7</b>		City <b>Wellington</b>	State <b>FL</b>	Zip <b>33414</b>	Phone <b>5614220988</b>	Occupation <b>Manager</b>		
<p>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.</p> <p><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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <b>18th</b> day of <b>July</b> 20 <b>2020</b> at <b>23:41</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On 07/18/2020 at approximately 22:50 hrs I responded to the Flanigan's Bar and Grill located at 2335 S State Road 7 Wellington, FL in reference to a known subject trespassing after warning. Upon my arrival, I made contact with the manager of the restaurant, Michael Payne. Michael stated he recognized an individual who was recently trespassed from the restaurant on 06/26/2020.

I made contact with Patrick Theodore Logsdon sitting at a table located in the exterior seating area of the restaurant. I verified that Patrick was trespass warned on 06/23/2020 by D/S W. Amadon ID# 9440. Michael was also present and on shift when Patrick was warned. As a result of my investigation, I placed Patrick under arrest pursuant to F.S.S 810.09(2)(a) (trespass after warning). Patrick was transported to West County Jail.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this <u>18th</u> day of <u>July</u> 20 <u>2020</u> by:	
<b>M. Pallanto #8421</b>	<b>D/S R. Aime 29795</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>M. Pallanto #8421</i>	<i>R. Aime</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020017264	Date: 7/19/2020
	Specialist Name/ID: Gammage/5660