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ARREST / NOTICE TO APPEAR


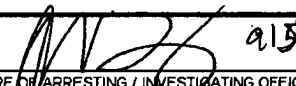
ADMINISTRATOR	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
	0502000		Lantana Police Department		614		21-002853									
	Charge Type Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		HAND/FEET/FIST		Multiple Clearance Indicator		1	
	Location of Arrest (Including Name of Business)		720 S DIXIE HWY		Location of Offense (Business Name, Address)		504 W DREW ST, LANTANA, FL 33462									
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle			
	06/30/2021		22:54		06/30/2021		22:54									
	Name (Last, First, Middle)		SPADA, PHILIP ANDREW		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race		W - White A - Black O - Oriental/Asian		Sex		M		Date of Birth		05/24/1998		Height		6'01"	
JUVENILE	Weight		215		Eye Color		BROWN		Hair Color		BLONDE		Complexion		LIGHT	
	Build		Large		Mental Status		S		Religion		CHRISTIAN		Indication of Alcohol Influence		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)															
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone				Residence Type		1. City 2. County 3. Out of State 4. 1	
COURT	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone				Address Source		DEFENDANT	
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone				Occupation		UNEMPLOYED	
	D/L Number, State		SI30661981840 / FL		INS Number				Place of Birth (City, State)		TAMPA, FL, United		Citizenship		US	
	Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth			
NOTICE TO APPEAR	Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth			
	Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone				Legal Custodian <input type="checkbox"/>				Business Phone			
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Notified by: (Name)		Date		Time		JUVENILE DISPOSITION	
	Released To: (Name)		Relationship		Date		Time		1. Handled/Processed within Department and Released		2. TOT JAC		3. Incarcerated			
CHARGE	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 355-2526) informed of any change of address.		School Attended		Grade				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
	Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		N. N/A A. Amphetamine	
	Charge Description		BATTERY		Statute Violation Number		784.03 (1)(A)(I)		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond	
CHARGE	Charge Description				Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond	
	Charge Description				Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond	
IN TAKE	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <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.T. County Jail		PROPERTY - Received by		Released By		Released To	
	Transported By				Date Transported		Time Transported		Other							
	INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)		Gun Club		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 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		7/21/21		0830							
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		PAGE	
	1. Dangerous <input type="checkbox"/> 2. Resisted Arrest <input type="checkbox"/> 3. Suicidal <input type="checkbox"/> 4. Other <input type="checkbox"/>				Name of Arresting Officer (Print)		BARRERA, MICHAELS		ID #		915		(PRINT)		1 OF 1	
	Transporting Officer		BARRERA		ID #		915		Agency		LPD		Witness here if subject signed with an "X"			
	Pouch #															

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.L.O. ☐ DEFENDANT

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 2021 JUL 1 AM 8:36
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OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 21-002853				
	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) SPADA, PHILIP ANDREW				Race W	Sex M	Date of Birth 05/24/1998		
	Charge Description 784.03 (1)(A)(1) BATTERY		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) GOOCH, TIMOTHY				Race W	Sex M	Date of Birth 09/17/1987		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 504 W DREW ST, LANTANA, FL 33462				Phone (561) 816-8834		Address Source		
BUSINESS	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	<p>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.</p> <p>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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>30</u> day of <u>June</u>, <u>2021</u> at <u>22:08</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 06/30/21 at 2208 hours, I responded to 504 W Drew St in reference to a delayed Battery report.</p> <p>Contact was made with Victim W/M Timothy Gooch (09/17/87) who informed me of the following:</p> <p>The Victim advised that he is currently living at the above mentioned address, which is a treatment center (Comprehensive Wellness Center).</p> <p>The Victim advised that while he was sitting at the kitchen counter, another treatment center patient (W/M Philip Spada 05/24/98) (Defendant) walked up behind the Victim and grabbed the Victim's shoulder area, and attempted to push his head down on the table in an attempt to bang his head on the table. The Victim advised that he was able to stop his head from hitting the table by using his hands. The Victim stated the Defendant then pulled him down on to the floor by his shoulders and neck area, where they both fell. The Victim advised the fight was then broken up by an employee. The Victim stated that the staff then took the Defendant to 720 S Dixie Hwy, which is another facility of the treatment center.</p> <p>The Victim advised that while the Defendant battered him, the Defendant was stating "you pee'd in my drink". The Victim advised me that he did not urinate in his drink and did not know anyone who urinated in his drink.</p> <p>I observed a very small cut in the inner left part of the Victim's bottom lip. The Victim aslo stated that his back was feeling sore, but no visible marks. I did not observe any additional injuries. Pictures were taken.</p> <p>Contact was made with two eye witnesses W/M Michael Ennis (05/11/78) and B/M James Lundy</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME				<div style="text-align: right;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BARRERA, MICHAEL S. (915) NAME OF OFFICER (PLEASE PRINT) 06/30/2021 DATE </div>				
	<div style="text-align: center;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 6/30/21 DATE </div>								

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 21-002853				
	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:									
D E F	Name (Last, First, Middle) SPADA, PHILIP ANDREW				Race W		Sex M		Date of Birth 05/24/1998
	Alias								
<p>(07/18/79), who both advised me of the same account. See incident report for further.</p> <p>Contact was then made with the Defendant at 720 S Dixie Hwy, who post Miranda declined to speak about the incident.</p> <p>Defendant was then placed in handcuffs (double-locked and checked for tightness), and transported to LPD for processing. Defendant was later lodged in the PB county jail for Simple Battery.</p>									
NOT A CERTIFIED COPY									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	6/30/21 DATE				BARRERA, MICHAEL S (915) NAME OF OFFICER (PLEASE PRINT)				
					06/30/2021 DATE				
<div style="display: flex; justify-content: space-between;"> COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. </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), 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: 2021016024	Date: 7/1/2021
	Specialist Name/ID: T Howard/7185