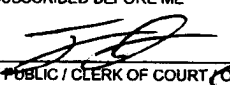



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ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0503100		Agency Name Tequesta Police Department		Agency Report Number (N.T.A.'s only) 9 2 21-000212			
Charge 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 UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 357 TEQUESTA DR, 357 TEQUESTA DR, TEQUESTA, FL 33469		Location of Offense (Business Name, Address) 225 BEACH RD, TEQUESTA, FL 33469							
Date of Arrest 08/06/2021	Time of Arrest 20:03	Booking Date 08/06/2021	Booking Time 20:13	Jail Date 08/06/2021	Jail Time 20:06	Location of Vehicle			
Name (Last, First, Middle) LA SPINA, PHILIP JOHN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 09/14/1983	Height 5'11	Weight 170	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status D		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 6105 FRANCIS ST, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone	
Permanent Address (Street, Apt. Number) 6105 FRANCIS ST, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone	
Business Address (Name, Street) 6105 FRANCIS ST, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone	
D/L Number, State L215670833340 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) CINCINNATI, OH		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		Grade					
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		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 T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		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 VIOLATE INJUNCTION FOR PROTECTION DOMESTIC VIOLENCE		Statute Violation Number 741.31(4)(A)		Violation of ORD #			
Drug Activity		Drug Type N		Amount / Unit /		Offense # 21-000212		Counts 1	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
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		Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By DET. WAYCHOWSKY		Date Transported 08/06/2021		Time Transported 20:06		Other			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time					
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)		Date Signed					
HOLD for Other Agency		Signature of Arresting Officer DET. WAYCHOWSKY, D.		Name Verification (Printed by Arrestee) WAYCHOWSKY, D.		(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WAYCHOWSKY, D.		ID # 1198			
Intake Deputy DET. WAYCHOWSKY		Pouch #		Transporting Officer DET. WAYCHOWSKY		ID # 1198		Agency TEQUE	
Witness here if subject signed with an "X".									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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 0503100		Agency Name TEQUESTA POLICE DEPARTMENT		Agency Report Number 9 2 21-000212						
	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) LA SPINA, PHILIP JOHN				Alias		Race W	Sex M	Date of Birth 09/14/1983		
	Charge Description 741.31(4)(A) VIOLATE INJUNCTION FOR PROTECTION				Charge Description						
C H A R G E S	Charge Description				Charge Description						
	Charge Description				Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) LA SPINA, BETHANY SUE				Race W		Sex F	Date of Birth 09/17/1986			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 6105 FRANCIS ST, JUPITER, FL 33458				Phone (561) 310-9087		Address Source				
B U S I N E S S	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 checked="" type="checkbox"/> confessed to DET. WAYCHOWSKY 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 6 day of August, 2021 at 19:38 (Specifically include facts constituting cause for arrest.)</p> <p>On August 6, 2021, I (Det. Waychowsky #1198) responded to the Tequesta Police Station to meet with Philip LaSpina, reference a violation of a domestic injunction.</p> <p>Upon arrival, I met with LaSpina. He stated he went to 225 Beach Rd to pick up his children from his ex-wife, Bethany LaSpina. B. LaSpina contacted 911 stating P. LaSpina was violating an order of no contact that was signed by a circuit court judge on 5/6/2021. The court order states he cannot be within 500 feet of P. LaSpina. The only contact they shall have is through a court ordered e-mail.</p> <p>I placed P. LaSpina under arrest for violation of a domestic injunction per F.S.S. 741.31.</p>											
S W O R N A N D S U B S C R I B E D B E F O R E M E	SWORN AND SUBSCRIBED BEFORE ME										
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 0810612021 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WAYCHOWSKY, DANIEL (1198) NAME OF OFFICER (PLEASE PRINT) 08/06/2021 DATE						
PAGE 1 OF 1											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #54-21-001063 Agency: JUPITER POLICE DEPARTMENT
Offense: VIOLATION OF AN INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Suspect/Offender: PHILIP JOHN LASPINA D.O.B.: 09/14/1983 Race: W Sex: M

2. Warrant #(s): 2021 mm008764

3. Complete one (1) of the following:

a. Victim's Name: BETHANY SUE LASPINA

Address: 6105 FRANCIS ST

City: JUPITER State: FL Zip: 33458

Home #: (561) 310-9087 Work #: _____ Other: _____

b. Victim's Next of kin: _____

Address: _____

City: _____

Home #: _____

State: _____

Zip: _____

Work #: _____

Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):

Address: _____

City: _____

Home #: _____

State: _____

Zip: _____

Work #: _____

Other: _____

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

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: _____

Officers Name: OFC. SHERRY BODENHEIMER I.D.: 1048 Date: 4/16/21



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

REVIEW COMPLETED BY

Booking Number: 2021019513

Date: 8/07/21

Specialist Name/ID: J. Beck/9007