0530581 22MM26000MB 746

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile:

ADMINISTRATION

Agency ORI Number: FL0500600

Agency Name: PALM BEACH POLICE DEPARTMENT

Agency Report Number: 76-22-20408

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Seized/Type: Yes No Type:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1.5 county RD Breakers Hotel

Location of Offense (Business Name, Address): 1.5 county RD Breakers Hotel

Date of Arrest: 4.1.22 Time of Arrest: 2250 Booking Date: 4.1.22 Booking Time: 2300 Jail Date: Jail Time: Location of Vehicle: N/A

DEFENDANT

Name (Last, First, Middle): Leff Robert D

Alias (Name, DOB, Soc. Sec. #, Etc.): 12.16.64 [redacted]

Race (W - White I - American Indian B - Black O - Oriental/Asian): White Sex: M Date of Birth: 12.16.64 Height: 6'4 Weight: 250 Eye Color: Blu Hair Color: Brn Complexion: Light Build: Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: Single Religion: N/A

Indication of: Alcohol Influence Y N Unk. Drug Influence

Local Address (Street, Apt. Number): 3570 S. Ocean Blvd (City): Palm Beach (State): Florida (Zip): Phone: (201) 597 6187 Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number): (City): (State): Florida (Zip): Phone: ( ) Address Source:

Business Address (Street, Apt. Number): (City): (State): (Zip): Phone: ( ) Occupation:

D/L Number, State: 326049517 NY [redacted] INS Number: Place of Birth (City/State): NY USA Citizenship: Y

CO-DEF

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

JUVENILE

Parent / Legal Custodian / Other — Name (Last): (First): (Middle): Residence Phone: ( )

Address (Street, Apt. Number): (City): (State): (Zip): Business Phone: ( )

Notified by: (Name): Date: Time: Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated

Released To: (Name): Relationship: FCIC/NCIC: Date: Time:

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: Yes, by: (Name) No: (Reason)

School Attended: Grade:

Property Crime? Yes No Description of Property: Value of Property:

CODE

Recovery Information: 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use 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 O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery Domestic	1	Yes	784.03(1)(A)1	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A		1		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		Yes No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

SCANNED APR 07 2022

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		Yes No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

VICTIM NOTIFICATION REQUIRED

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		Yes No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

NOTICE TO APPEAR

Instruction No. 1 Mandatory Appearance in Court

Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year 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

ADMIN.

HOLD for other Agency Name:

Dangerous Suicidal Resisted Arrest Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer X

Name of Arresting Officer (Print): PRUSS I.D. #: 11w197

Transporting Officer: PRUSS I.D. #: 11w197 PBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			JUVENILE
		1	

Agency ORI Number	Agency Name	Agency Report Number
FL 0500600	PALM BEACH POLICE DEPARTMENT	7 6 22-000408

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LEFF, ROBERT D		W	M	12/16/1964

CHARGES

Charge Description	Charge Description
784.03(1) DOMESTIC VIOLENCE/SIMPLE	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
Society						
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation	

PROBABLE CAUSE STATEMENT

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 1 day of April, 2022 at 21:31 (Specifically include facts constituting cause for arrest.)

On Friday April 1, 2022 at 2131 hours I responded to 1 S. County Road in reference to a domestic disturbance and placed the defendant Robert Leff DOB(12/16/1964) under arrest for domestic battery, the details are as follows.

Upon arrival, Officers met with the victim W/F Teresa Murabito DOB (01/08/1969) who stated that her fiancé was angry at her, who she resides with and threw her phone on the ground. She further stated that he did not touch her and was not injured and did not wish to pursue this matter. She stated that they were also intoxicated.

Upon review of the video footage from outside of HMF restaurant, shows that Robert Leff approaches Teresa Murabito and kicks her leg and walks away, he then approaches her again and kicks her leg again and leaves the area.
Murabito was uncooperative and refused to show her legs to officers to view the extent of any injuries.

Based on the facts above probable cause exists to charge Leff with F.S.S. 784.03(1) FDLE REC# 2561 DOMESTIC BATTERY for striking Murabito against her will while being in a dating relationship with Murabito.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/01/22
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PROSS, VICTOR J (1100197)
NAME OF OFFICER (PLEASE PRINT)

04/01/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: 22-03408 Agency: PBSO
   Offense: Domestic Battery
   Suspect/Offender: LeFF, Robert
   D.O.B. 12-16-64 Race: W Sex: M

2. Warrant #(s): N/A

3.a. Victim's name: Municato, Teresa D.O.B. 1-8-69 Race: W Sex: F
   Address: 3570 S. Ocean Blvd Apt 403
   City: Palm Beach State: FL Zip:
   Home #: NA Work #: N/A Other: N/A

b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:
Printed name of person waiving notification:
Deputy's Name: B Ross I.D. # 11219 Date: 4-2-22

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #:

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022008497	**Date:** 04/02/2022
	Specialist Name/ID: T Howard/7185