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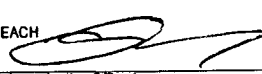
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PCH-776

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20113462					
	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		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 2							
	Location of Arrest (Including Name of Business) 136 N MILITARY TRAIL, WEST PALM BEACH 33415				Location of Offense (Business Name, Address) 136 N MILITARY TRAIL, WEST PALM BEACH 33415							
	Date of Arrest 10/05/2020	Time of Arrest 03:55	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Rodriguez Moreno, Ruben, Manuel								Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W M		Sex M	Date of Birth 11/20/1992	Height 5'07	Weight 155	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status UK	Religion UK	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Local Address (Street, Apt. Number) 3400 Springdale Blvd Apt T109, Palm Springs, FL 33461				(City)	(State)	(Zip)	Phone (561) 312-1570	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone ()	Address Source D.A.V.I.D				
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone ()	Occupation UNKNOWN				
DL Number, State R362733924200, FL		Soc. Sec. Number --		INS Number		Place of Birth (City, State) HAVAN CUBA		Citizenship CUBA				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		1. OK						Residence Phone ()				
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone ()					
Notified by: (Name) 2. OK				Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		1				
Released To: (Name)				Relationship		Date	Time					
The above address 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 (Phone 355-2526) informed of any change of address. <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. 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. Synthetics	U. Unknown Z. Other
Charge Description Disorderly Intoxication		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 856.011(1)(a)		Violation of ORD #						
Drug Activity n	Drug Type n/a	Amount / Unit n/a	Offense # 20113462	Warrant / Capias Number		Bond						
Charge Description TRESPASS		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 810.08(2)(a)		Violation of ORD #						
Drug Activity n	Drug Type n/a	Amount / Unit n/a	Offense # 20113462	Warrant / Capias Number		Bond						
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
Location (Court, Room Number, Address) Gun Club Road 3228												
Court Date and Time Month 10 Day 27 Year 2020 Time 9:00 (AM)												
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 10/05/2020												
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S D.EVANS 31294		I.D. # 6319						
Initials Deputy D. Anne G. 6120		I.D. #		Pouch #		Agency PSO						
Witness here if subject signed with an "X"						PAGE 1 OF 1						

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20113462				
Charge Type: Check as many as apply.		Special Notes:						
<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								
Name (Last, First, Middle) Rodriguez Moreno, Ruben, Manuel		Alias		Race H	Sex M	Date of Birth 11/20/1992		
Charge Description Disorderly Intoxication		856.011(1)		Charge Description TRESPASS		810.08(2)(a)		
Victim's Name (Last, First, Middle) STATE OF FLORIDA, ,		Race		Sex	Date of Birth			
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
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. 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 5TH day of OCTOBER 20__ at 03:55 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above stated date and time, I responded to the Don Cafe restaurant located at 136 N Military Trail in unincorporated Palm Beach County, in reference to an intoxicated unwanted guest.</p> <p>Upon arrival, I made contact with complainant Laura Mungurcia the restaurant employee on duty. Laura said that a patron was intoxicated, behaving belligerent towards her and refused to leave the restaurant after being told several times to do so. I made contact with the intoxicated patron later identified as Manuel Rodriguez. Rodriguez had the odor of an alcoholic beverage emanating from his breath and body. Rodriguez only spoke Spanish and was asked by Deputy Falcon numerous times to leave due to the disturbance he was causing. Rodriguez continued to create a disturbance causing other restaurants patrons to move from their table. Rodriguez told Deputy Falcon that he is not leaving the restaurant disregarding the order to leave. At this point, Rodriguez was advised that he was under arrest and placed in handcuffs which were double locked and checked for proper spacing.</p> <p>Based on this encounter, I found Probable Cause to charge and arrest Rodriguez for Disorderly Intoxication pursuant to FSS 856.011(1) and Trespass after warning pursuant to 810.08(2)(a) FSS.</p> <p>Rodriguez was transported and turned over to the Pam Beach County Jail for booking. Rodriguez was given a court date and received his copy of the affidavit.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		 D/S D.EVANS 31294						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5th</u> day of <u>October</u> 20 <u>20</u> by <u>D/S D. Evans</u>								
(Print name of Arresting/Investigative Officer, who is personally known to me and produced identification. Type of identification produced)		known LEO						
D/S Blackman								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
		PAGE 1 OF 1						

NOT A COURT DOCUMENT

SCANNED
OCT 05 2020



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

REVIEW COMPLETED BY

Booking Number: 2020023481	Date: 10/5/2020
	Specialist Name/ID: B Evans / 23649

SCANNED
OCT 05 2020