

0527900

21MM9239ASB  
ARREST / NOTICE TO APPEAR

244

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 21-014685</b>		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1		JUVENILE			
D E F E N D A N T	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: <b>UNARMED</b>		Multiple Clearance Indicator		2											
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)											
	<b>309 SE 3RD ST DELRAY BEACH FL 33444</b>						<b>309 SE 3RD ST, DELRAY BEACH, FL 33483</b>											
	Date of Arrest <b>12/07/2021</b>		Time of Arrest <b>23:26</b>		Booking Date <b>12/07/2021</b>		Booking Time <b>23:36</b>		Jail Date		Jail Time		Location of Vehicle					
J U V E N I L E	Name (Last, First, Middle) <b>COLBETH, RUSSELL A</b>																	
	Alias:																	
	Race W - White B - Black O - Other/Asian		Sex <b>W</b>		Date of Birth <b>08/13/1961</b>		Height <b>6'00</b>		Weight <b>220</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>LARGE</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>NOT INDICA</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Link <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>170 DICKINSON LN, MAHWAH, NJ 07430</b>						(City) (State) (Zip)						Phone <b>(201) 316-2362</b>		Residence Type 1 City 1 Florida 2 County 4 Out of State <b>4</b>			
	Permanent Address (Street, Apt. Number) <b>170 DICKINSON LN, MAHWAH, NJ 07430</b>						(City) (State) (Zip)						Phone <b>(201) 316-2362</b>		Address Source <b>VERBAL</b>			
	Business Address (Name, Street) <b>170 DICKINSON LN, MAHWAH, NJ 07430</b>						(City) (State) (Zip)						Phone		Occupation			
	D/L Number, State <b>C62196806108614 / NJ</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>BALTIMORE, MD,</b>				Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)																	
	Co-Defendant Name (Last, First, Middle)																	
C O D E F E N D	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>																	
	Address (Street, Apt. Number) <b>170 DICKINSON LN, MAHWAH, NJ 07430</b>																	
	Notified by (Name) <b>2106</b>																	
	Released To (Name) <b>2106</b>																	
	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.																	
	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 D Deliver T Traffic R Smuggle 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/Derm P Paraphernalia/ Equipment S Synthetic U Unknown Z Other																	
C H A R G E	Charge Description <b>SIMPLE ASSAULT-INTENTIONALLY THREATEN TO DO VIOLENCE</b>										Statute Violation Number <b>784.011</b>		Violation of ORD #					
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>21-014685</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
	Charge Description <b>DISORDERLY INTOXICATION</b>										Statute Violation Number <b>856.011</b>		Violation of ORD #					
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>21-014685</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
I N T A K E	Charge Description										Statute Violation Number		Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond			
N O T I C E T O A P P E A R	Health / Apparent Physical Condition of Defendant <b>GOOD</b>																	
	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 type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health																	
	Transported By																	
A D M I N	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>							
											Court Date and Time <b>01/06/2022 08:30:00</b>							
	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)																	
A D M I N	HOLD for Other Agency										Signature of Arresting Officer <b>SWILLEY, JOHN W</b>							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) <b>SWILLEY, JOHN W</b>							
	Intake Date <b>12/07/21</b>										ID # <b>1171</b>							
	Pouch #										Agency <b>DBPD</b>							
Name Verification (Printed by Arrestee) <b>SWILLEY, JOHN W</b>																		
Witness here if subject signed with an "X"																		

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

OBT 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 <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 21-014685</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		
D E F	Name (Last, First, Middle) <b>COLBETH, RUSSELL A</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/13/1961</b>	
	Charge Description <b>784.011 SIMPLE ASSAULT-INTENTIONALLY THREATEN TO DO</b>					Charge Description <b>856.011 DISORDERLY INTOXICATION</b>			
V I C T I M	Victim's Name (Last, First, Middle) <b>SWIGART, ROSEMARY F</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/14/1988</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>314 ELBERTA AVE, CASHMERE, WA 98815</b>					Phone <b>(509) 699-3900</b>		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 checked="" type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>VICTIMS</b> who told <b>OFC SWILLEY</b> 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>7</u> day of <u>December</u>, <u>2021</u> at <u>23:26</u> (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E	<p>The following event occurred in the City of Delray Beach located in Palm Beach County, Florida. The following is a summary of events, for verbatim account please refer to body worn camera footage.</p> <p>On 12/07/2021 at 2219hrs, I responded to 307/309 SE 3rd St in reference to an assault. Upon arrival I spoke with the owner of the AirBnB property, Lior Weiss. Weiss stated the guest at 307 was causing a disturbance and scaring the renters at the adjacent unit 309. Weiss stated he wanted the subject removed from the property. I made contact with the guests at 309 who were visibly distraught and scared. As I attempted to speak with them the defendant exited unit 307 and was immediately aggressive and confrontational. The defendant, who was later identified by NJ DL as Russell Colbeth, appeared to be intoxicated as he stumbled and slurred his words. The defendant remained confrontational and uncooperative with police as I attempted to investigate the incident resulting in the defendant having to be detained in my patrol vehicle.</p>								
	<p>I received sworn statements from the victims/guests at unit 309, which were captured on my body worn camera. The victims, Rosemary Swigart, [REDACTED] and Regina Sherman all provided similar consistent statements. The following statement is a summary of all three statements given: A family member of the victim's arrived to drop off items and temporarily parked in the alley next to both 307 and 309 SE 3rd St. The defendant, who appeared intoxicated, began yelling at the family member unprovoked and the victims attempted to remove themselves from the situation. The victims had no previous encounters with the defendant who then began to follow them to their door at 309. The defendant continued to yell at the victims as he proceeded to 307 which is a few feet away from 309. The defendant then began to bang on the victim's front door as he threatened to "Beat their asses". The defendant repeatedly told the victims to call 911 and their friends to help them because he would beat them then or the next day and was attempting to open the front door. Regina Sherman captured one of the encounters on her</p>								
S W O R N	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>KELLY, CASEY J</b> [Signature] NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p><b>12/08/2021</b> DATE</p>								
	<p>[Signature] SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>SWILLEY, JOHN W (1171)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><b>12/08/2021</b> DATE</p>								
<p>PAGE <b>1</b> OF <b>2</b></p>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.





**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021030836

Date: 12/8/2021

Specialist Name/ID: A. Pinkney/7796