

Filed

2021mm06674A453

ARREST / NOTICE TO APPEAR

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

2 JUVENILE

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 21-010863</b>		Multiple Clearance Indicator <b>1</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	If Weapon Seized Enter Type <b>UNARMED</b>		Location of Offense (Business Name, Address) <b>432 E ATLANTIC AVE, DELRAY BEACH, FL 33483</b>								
Date of Arrest <b>09/11/2021</b>	Time of Arrest <b>19:43</b>	Booking Date <b>09/11/2021</b>	Booking Time <b>19:53</b>	Jail Date <b>09/11/2021</b>	Jail Time <b>19:44</b>	Location of Vehicle					
Name (Last, First, Middle) <b>LEONARD, SCOTT WAYNE</b>				Alias:							
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>07/22/1972</b>	Height <b>5'11</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>			
Local Address (Street, Apt. Number) <b>35 SE 7TH AVE 4, DELRAY BEACH, FL 33483</b>				Phone <b>(407) 234-9966</b>		Residence Type: 1 City 3 Florida 2 County 4 Out of State					
Permanent Address (Street, Apt. Number) <b>35 SE 7TH AVE 4, DELRAY BEACH, FL 33483</b>				Phone <b>(407) 234-9966</b>		Address Source					
Business Address (Name, Street) <b>35 SE 7TH AVE 4, DELRAY BEACH, FL 33483</b>				Phone <b>(407) 234-9966</b>		Occupation					
D/I Number, State <b>L563799722620 / FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>BUFFALO, NY</b>		City/County <b>US</b>			
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 <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor					
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 <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor					
Name (Last, First, Middle)							Residence Phone				
Address (Street, Apt. Number)							Business Phone				
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT IAC 1 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					
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 Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	F Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description <b>DISORDERLY INTOXICATION</b>							Statute Violation Number <b>856.011</b>				
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>21-010863</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparat. Physical Condition of Defendant							Any knowledge of the following: Explains: <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"/> Posted Bond		Released to: <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Health		PROPERTY - Received By <b>JOSEPH ARRUZZO</b> By: <b>SOUTH COUNTY</b>		Released By		Released To			
Transported By		Date Transported <b>// : : :</b>	Time Transported	Other							
<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>10/07/2021 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.							No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)							Date Signed				
HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resistal Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BROTZ, KENNETH</b>		ID # <b>0889</b>		PAGE <b>1 OF 1</b>			
Intake Deputy ID #		Pouch #		Transporting Officer ID # Agency		Witness here if subject signed with an "X"					

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

PROBABLE CAUSE AFFIDAVIT

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

JUVENILE

OBTs Number		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   21-010863</b>	
Charge Type: Check as many as apply		<input type="checkbox"/> 1 Felony		<input checked="" type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 5 Ordinance	
		<input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 6 Other	
Name (Last, First, Middle) <b>LEONARD, SCOTT WAYNE</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>07/22/1972</b>	
Charge Description <b>856.011 DISORDERLY INTOXICATION</b>		Special Notes					
Victim's Name (Last, First, Middle) <b>CITY OF DELRAY BEACH,</b>		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number) <b>100 NW 1ST AVE, DELRAY BEACH, FL 33444</b>		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
				Phone <b>(561) 243-7000</b>		Address Source <b>GOVERNMENT</b>	
<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 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 <b>11</b> day of <b>September</b>, <b>2021</b> at <b>19:21</b> (Specifically include facts constituting cause for arrest)</p> <p>The following incident occurred in the City of Delray Beach, Palm Beach County, FL</p> <p>On 9/11/2021 at 7:21pm, I was dispatched to Cut 432 (432 E Atlantic Ave) due to a report of a disturbance. Upon arrival I met with staff who pointed out the defendant, Scott Leonard. He advised that Leonard had been abusive towards staff, threatened them with violence and refused to leave.</p> <p>I spoke with Leonard who appeared to be heavily under the influence of alcohol due to his reddened watery eyes, slurred speech, odor of an unknown alcoholic beverage coming from him which grew stronger as he spoke, along with mood swings I observed while in his presence. Leonard was insulting towards me just as indicated by staff. When asked to leave he refused to converse with me other than throwing profanity and insults at me.</p> <p>Despite trying to diffuse the disturbance, Leonard's escalating actions brought the attention of everyone on a busy Atlantic Ave downtown evening.</p> <p>Due to Leonard's refusal to leave the area and his actions disturbing the peace he was taken into custody.</p> <p>Probable cause exists to charge <b>Leonard</b> with Disorderly Intoxication FSS 856.011(1) South County Branch Office</p> <p><b>SEP 27 2021</b></p> <p><b>JOSEPH AGRUZZO</b> Clerk of the Court &amp; Comptroller PALM BEACH COUNTY</p>							
SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		PAGE			
<b>M. Deen</b> <b>Sgt. DEEN</b>		<b>BROTZ, KENNETH (0889)</b>		<b>1 OF 1</b>			
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)		DATE			
<b>9/11/21</b>		<b>09/11/2021</b>					
DATE		DATE					

COURT

STATE ATTORNEY

CENTRAL RECORDS

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