


J-0524305

21CF5523

D-410

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		Juvenile					
		Juvenile Referral Report		2. N.T.A.		4. Request for Capias							
ADMINISTRATIVE	Agency ORI Number	Agency Name		Agency Report Number (N.T.A.'s only)									
	FLO 5 0 0 6 0 0	PALM BEACH POLICE DEPARTMENT		7 6 - - - - -									
	Charge Type: Check as many as apply	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type					
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Multiple Clearance Indicator								
1 S County Rd Palm Beach FL 33480 (Breakers Hotel)		Scoop		N/A				10, K					
DEFENDANT	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	0.7.0.2.2.1	00.55					N/A						
	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Newell Tatiana Linda												
CO-DEF.	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
	W - White B - Black O - Oriental	W F	0.1.2.7.8.9	5'02"	110	Hz2	Brown	Pink	Thin				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence Drug Influence		Y N Unk.				
			M		Christian								
JUVENILE	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Residence Type:					
	2941 Stella Blue Ln Fairfax VA 22031					()		1. City 2. County 3. Florida 4. Out of State					
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source					
	2941 Stella Blue Ln Fairfax VA 22031					()		VA DC					
CHARGE	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation					
						()		Stay at home mom					
	DL Number State		INS Number		Place of Birth (City, State)		Citizenship						
	169664051 VA				Columbus, Ohio		American		AOL EUS				
CHARGE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
	Newell Jeffrey David		W	M	12/19/84								
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
CHARGE	Parent Legal Custodian		Name (Last)		(First)	(Middle)	Residence Phone						
	Other:						()						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		()					
CHARGE	Notified by: (Name)		Date	Time	Juvenile Disposition		1. Handled/Processed within Dept. and Released		2. TOT DCF 3. Incarcerated				
	Released To: (Name)		Relationship	Date	Time								
CHARGE	The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. 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 type="checkbox"/> No		Description of Property		Value of Property								
CHARGE	Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
	Charge Description		Counts	Domestic Violence	Statute Violation Number	Violation of ORD #							
	N N		21-000787		82-71103	K2.C							
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number	Violation of ORD #							
	N N		21-000787		82-71103	K2.C							
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number	Violation of ORD #							
	N N		21-000787		82-71103	K2.C							
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number	Violation of ORD #							
	N N		21-000787		82-71103	K2.C							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)										
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time										
			Month Day Year										
ADMIN.	HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)								
	Name:		X		(PRINT)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. #								
	Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency	Witness here if subject signed with an "X"		PAGE		
				OK [Signature]			PBPD			OF 1			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		F	JUVENILE	N	
A D M I N	Agency ORI Number FL 0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number 7 6 21-000787						
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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) NEWELL, TATIANA LINDA				Alias		Race W	Sex F	Date of Birth 01/27/1989		
	Charge Description 827.03 CHILD NEGLECT W/O CAUSE GREAT HARM				Charge Description						
C H A R G E S	Charge Description				Charge Description						
	Victim's Name (Last, First, Middle)				Race		Sex	Date of Birth			
V I C T I M	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.</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 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>2</u> day of <u>July</u>, <u>2021</u> at <u>01:28</u> (Specifically include facts constituting cause for arrest.)</p>											
P R O B A B L E C A U S E	<p>On 07/01/21 at 2120 hours, I responded to 1 S. County Rd. (The Breakers Hotel) reference child abuse. Upon arrival, I met with The Breakers Security who advised me that the individuals located in room 1119 left [REDACTED] unattended. According to The Breakers Security team, a housekeeping staff member from The Breakers Hotel observed an infant who was left unattended in room 1119, when they entered the room to clean it. According to The Breakers Security, the door card reader on room 1119 registered the following timeline that individuals entered the room. A housekeeping staff member enters room 1119 at 2101 hours to clean the room, followed by a second housekeeper entering the room at 2102 hours. At 2107 hours, the housekeepers left the room. At 2113 hours, the housekeeping assistant director and 2 housekeepers entered room 1119. At 2116 hours, the off duty detail officer responded to room 1119 along with The Breakers security staff. At 2122 hours, the security manager from The Breakers called [REDACTED] of the child via telephone to let her know [REDACTED] was left unattended. At 2130 hours, [REDACTED] of the infant returned to the room.</p>										
	<p>At 2205 hours, I responded to room 1119 reference the incident. Upon entering the room, observed one male infant approximately 2 YOA sleeping in a crib. Additionally, I observed a second infant male approximately 1 YOA, sleeping in a second crib, which was covered by a zipped blackout curtain, which appeared to be designed for the crib, making it impossible to check on the status of the infant via video monitor. I spoke with the [REDACTED] and [REDACTED] of the infants, W/F Tatiana Newell (DOB 01/27/89) and W/M [REDACTED] (DOB 12/19/1984), who stated they went to dinner at The Seafood Bar at approximately 1900 hours, which was confirmed by the restaurant staff. However, Tatiana Newell was the last adult to leave room 1119, at 1939 hours, after she put the children to sleep. They stated there was a baby monitor in the hotel room that sent her notifications via telephone. They also stated the baby monitor had a live video and audio feed of the room on their cell phones. In her interview, Tatiana stated she "looked at her phone every 20 minutes". All 6 adults in the party were seen on video</p>										
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>070221</u> DATE</p>										
	<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>ROTHENBURG, JUSTIN M (1100004)</u> NAME OF OFFICER (PLEASE PRINT) <u>07/02/2021</u> DATE</p>										



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

REVIEW COMPLETED BY

Booking Number: 2021016148

Date: 7/2/2021

Specialist Name/ID: T Howard/7185

SCANNED

JUL 03 2021