

T-0516592

20CF4421

P-474

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORU Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>514 20-001839</b>		1 Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE		N							
	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		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator <b>2</b>																	
	Location of Arrest (Including Name of Business) <b>1210 S OLD DIXIE HWY, JUPITER, FL 33458</b>							Location of Offense (Business Name, Address) <b>1210 S OLD DIXIE HWY, JUPITER, FL 33458</b>														
	Date of Arrest <b>05/22/2020</b>		Time of Arrest <b>21:16</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
D E F E N D A N T	Name (Last, First, Middle) <b>WEIZER, WILLIAM DAVIS</b>											Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White B - Black		Sex <b>M</b>		Date of Birth <b>11/28/2000</b>		Height <b>5'11</b>		Weight <b>180</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE /</b>		Complexion <b>FAIR</b>		Build <b>Medium</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Marital Status <b>S</b>		Religion <b>UNKNOWN</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>						
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>210 GOLFVIEW DR, TEQUESTA, FL 33469</b>							Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>2</b>												
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>210 GOLFVIEW DR, TEQUESTA, FL 33469</b>							Phone		Address Source												
	Business Address (Name, Street) (City) (State) (Zip)							Phone		Occupation												
	D/L Number, State <b>W260924004280 / FL</b>			Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>JUPITER, FL</b>			Citizenship <b>US</b>											
C O D E F	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ Name (Last, First, Middle)											Residence Phone										
	<input type="checkbox"/> Legal Custodian											Business Phone										
	Address (Street, Apt. Number) (City) (State) (Zip) <b>Law + 2 per AU</b>																					
	Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. 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									
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No											Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ 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 Description <b>BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.</b>											Statute Violation Number <b>784.07(2)(B)</b>		Violation of ORD #								
C H A R G E	Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense #		Counts <b>2</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 type="checkbox"/> N		Warrant / Capias Number		Bond							
C H A R G E	Charge Description											Statute Violation Number		Violation of ORD #								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Health / Apparent Physical Condition of Defendant											Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injuries Explain:										
I N T A K E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail											PROPERTY - Received By		Released By		Released To						
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											Date Transported		Time Transported		Other						
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court							Location (Court, Room)														
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Court Date and Time														
T O A P P E A R	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 THIS 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.											Date Signed										
	Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed										
A D M I N	HOLD for Other Agency				Signature of Arresting Officer <b>Brandon Lopez 325</b>				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) <b>LOPEZ, BRANDON</b>				I.D. # <b>1191</b>		(PRINT)											
	Inmate Deputy <b>D. ... 6961</b>		I.D. #		Pouch #		Transporting Officer <b>Lopez 325</b>		I.D. # <b>325</b>		Agency											
	Witness here if subject signed with an											PAGE <b>1 of 1</b>										

SCANNED  
MAY 23 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-001839</b>
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:

Name (Last, First, Middle) <b>WEIZER, WILLIAM DAVIS</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/28/2000</b>
Charge Description <b>784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.</b>	Charge Description			

Victim's Name (Last, First, Middle) <b>BUITRAGO, DAISY</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/21/1996</b>
Local Address (Street, Apt. Number) <b>1439 SUMMIT RUN CIR, WEST PALM BEACH, FL 33415</b>	(City)	(State)	(Zip)
Phone <b>(561) 506-3443</b>	Address Source		

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.  was observed by **STAFF** who told **OFFICERS** that he/she saw the arrested person commit the below acts.

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

On the **22** day of **May**, **2020** at **22:21** (Specifically include facts constituting cause for arrest.)

I utilized my Body Worn Camera during the below incident:

On 05/22/20, at 1942 hours, I was dispatched to the Jupiter Medical Center, Emergency Room 14, located at 1210 South Old Dixie Highway, in reference to a disturbance. NorthCom advised there was a paranoid patient who was being verbally aggressive towards staff.

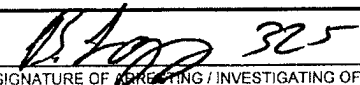
Upon arrival, I observed William D. Weizer (w/m 11/28/00) being restrained by hospital staff in a bed. Weizer was screaming obscenities, and aggressively trying to escape by kicking and flailing his arms wildly. It appeared staff was able to successfully restrain Weizer, without my involvement, so I exited the room.

I spoke to a doctor who advised Weizer's father brought him into the hospital about 20 minutes prior to my arrival, because he was acting strange, which included urinating all over the house. The doctor said Weizer appeared to be under the influence of an unknown substance, or was possibly psychotic.

I heard commotion coming from Weizer and staff again, so I re-entered the room. I was notified that a nurse, Daisy Buitrago (H/f 03/21/96), was punched in the face by Weizer. Weizer's restraint straps were apparently not secured tight enough by hospital staff, as he was swinging his arms and kicking his legs again, and also spitting at staff. I assisted with restraining Weizer by holding his right arm and head down so he was unable to attack anyone else. I noticed the restraint strap on Weizer's right arm had a lot of slack, making it possible for him to move his arm freely, which indicated how he was able to strike Buitrago. I restrained Weizer's movement until he was successfully restrained and medicated by staff.

I obtained a sworn statement from Buitrago. Buitrago advised she was on the right side

SWORN AND SUBSCRIBED BEFORE ME	<i>B. Lopez</i> 325 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>LOPEZ, BRANDON (1191)</b> NAME OF OFFICER (PLEASE PRINT)
<b>05/22/2020</b> DATE	<b>05/22/2020</b> DATE

OBTS Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE	
Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-001839</b>	
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
Name (Last, First, Middle) <b>WEIZER, WILLIAM DAVIS</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/28/2000</b>
<p>of Weizer's bed when he suddenly struck her on the right side of her eye, causing a laceration and swelling. Buitrago believes Weizer hit her intentionally and wishes to prosecute. A photograph of Buitrago's injury was taken and submitted into Jupiter Police Evidence. Buitrago was issued a victim's rights brochure.</p> <p>I obtained a sworn statement from another nurse, Youssef A. Soliman (W/m 07/09/98). Soliman advised he was assisting with restraining Weizer when Weizer spit at him. The saliva landed on Soliman's chin, neck, and chest. Soliman advised he wishes to prosecute and was issued a victim's rights brochure.</p> <p>I did not interview Weizer due to his mental state.</p> <p>Based on my investigation, I find probable cause to arrest and charge Weizer with two counts of Battery on an Emergency Medical Care Provider, pursuant to FSS 784.07.</p> <p>Weizer was medically cleared and subsequently transported to the Palm Beach County Jail without incident.</p>					
SWORN AND SUBSCRIBED BEFORE ME			 SIGNATURE OF OFFICER / INVESTIGATING OFFICER		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			<b>LOPEZ, BRANDON (1191)</b> NAME OF OFFICER (PLEASE PRINT)		
<b>05/22/2020</b> DATE			<b>05/22/2020</b> DATE		
			PAGE <b>2 OF 2</b>		

NOT A CERTIFIED COPY



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

**REVIEW COMPLETED BY**

Booking Number: 2020013318	Date: 05/23/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
MAY 23 2020