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| ADMINISTRATION | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias | | 1 | | Juvenile | | N | |
|---|--|---|--|--|--|---|--|--|--|---|--|
| OBTS Number | | Agency ORI Number FL0500600 | | Agency Name PALM BEACH POLICE DEPARTMENT | | Agency Report Number 76-21-0000325 | | | | | |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type: | | Multiple Clearance Indicator UNIK | | | |
| Location of Arrest (Including Name of Business) | | 1 South County RD PALM BEACH, FL 33409 | | Location of Offense (Business Name, Address) | | 1 South County | | | | | |
| Date of Arrest 3/13/21 | | Time of Arrest 2242 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | |
| Name (Last, First, Middle) Long William Henry Aaron | | Sex M | | Date of Birth 3/19/86 | | Height 510 | | Weight 170 | | Eye Color BRO | |
| Race W - White - American Indian B - Black O - Oriental/Asian | | Complexion Dark | | Build Slender | | Marital Status Single | | Religion None | | Indication of: Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Residence Type 1. City 3. Florida 2. County 4. Out of State 3 | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Address Source Self | |
| Business Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Occupation | |
| D/L Number, State L-520-978-86-094-0 | | Soc. Sec. Number | | INS Number | | Place of Birth (City/State) Chicago IL US | | Citizenship | | | |
| 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 | | Name (Last) | | (First) | | (Middle) | | Residence Phone | | | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Business Phone | | | |
| Notified by: (Name) | | Date | | Time | | Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated | | | | | |
| Released To: (Name) | | Relationship | | FCIC/NCIC | | Date | | Time | | | |
| The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: | | <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | School Attended | | Grade | | | | | |
| Property Crime? | | Description of Property | | Value of Property | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Recovery Information | | 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other | | | | | | | | | |
| Drug Activity | | S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other | | Drug Type | | B. Barbituate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown | | N. N/A C. Cocaine M. Marijuana S. Synthetic | | Z. Other | |
| Charge Description DISORDERLY INTOXICATION | | Counts 1 | | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Statute Violation Number 856.011 | | Violation of ORD # | | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # 21-000325 | | Warrant/Capias Number | | Bond | |
| Charge Description RESISTING WITHOUT VIOLENCE | | Counts 1 | | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Statute Violation Number 843.02 | | Violation of ORD # | | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # 21-000325 | | Warrant/Capias Number | | Bond | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | 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"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD # | | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number | | Bond | |
| <input 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 reverse side. | | Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GLENCLIFF RD | | Court Date and Time Month 03 Day 30 Year 2021 Time 08:30 | | | | | | | |
| 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) | | Signature of Arresting Officer A. AUGUSTEN | | I.D. # 0030 | | Agency Palm Beach | | Page 1 of 1 | |
| HOLD for other Agency Name: | | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) | | I.D. # | | Agency | | Page | |
| Intake Deputy Dunn 6/8 | | I.D. # | | Pouch # | | Transporting Officer Asnicke | | I.D. # 0030 | | Agency Palm Beach | |
| | | | | | | | | | | Witness here if subject signed with an "X". | |

SCANNED
MAR 1 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0500600 Agency Name: PALM BEACH POLICE DEPARTMENT Agency Report Number: 7 | 6 | 21-000325

Charge Type: 3. Misdemeanor Charge Description: 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE

Name: LONG, WILLIAM HENRY AARON Race: B Sex: M Date of Birth: 03/14/1986

Charge Description: 856.011 DISORDERLY INTOXICATION Charge Description: 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE

Victim's Name: State Of Florida Local Address: Business Address:

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. On the 13 day of March 2021 at 22:38

I responded to the Breakers Hotel, located at 1 S. County Rd, as a backup officer in reference to a subject who needed to be trespassed. Captain Guelli, who was working the security detail at this location, was informed by Breakers Security that a heavily intoxicated male was urinating in the hallway. Capt. Guelli made contact with the individual, later identified as William Henry Aaron Long (B/M DOB: 03/14/1986), who began stating many profanities toward Capt. Guelli such as, "Fuck you, are you going to arrest me?"

Upon my arrival, I made contact with Long, and observed that his eyes were glassy and the smell of alcohol emanated from his breath. I asked him what had happened. Long immediately stepped towards me in an aggressive stance and shouted more profanities at me such as "Fuck you, you need to leave". I informed Long that I would not be leaving. Long then raised his voice and aggressively approached me as I attempted to de-escalate the situation.

At this time, Capt. Guelli and I attempted to place Long under arrest for Disorderly Intoxication. Long began to resist by stiffening his arms and clenching his fists, and pulled his arms away from us in an attempt to stop Capt. Guelli and I from placing his hands behind his back to properly apply handcuffs.

Based on the facts above, Long was intoxicated in a public place, caused a public disturbance, and resisting officers legally authorized to execute our duties without

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/13/2021. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER AUGUSTIN, ANDUCCHI M (1100007) 03/13/2021

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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

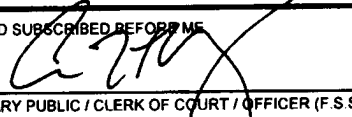

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|--|-------------|--|------------------------------|--|----------------------|--|
| A D M I N I S T R A T I V E | OBTS Number | | Agency Name | | Agency Report Number | |
| | FL 0500600 | | PALM BEACH POLICE DEPARTMENT | | 7 6 21-000325 | |

| | | | | |
|---|--|--|---------------------------------------|----------------|
| Charge Type: Check as many as apply | <input type="checkbox"/> 1. Felony | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance | Special Notes: |
| | <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 6. Other | |

| | | | | |
|----------------------------|-------|------|-----|---------------|
| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
| LONG, WILLIAM HENRY AARON | | B | M | 03/14/1986 |

offering or doing violence. Therefore Probable Cause existed to arrest William Henry Aaron Long for Disorderly Intoxication pursuant to F.S.S. 86.011 and Resisting Officer without Violence pursuant to F.S.S. 843.02 at 2242 hours.

NOT A CERTIFIED COPY

| | | |
|--|---|--|
| A D M I N I S T R A T I V E | SWORN AND SUBSCRIBED BEFORE ME | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |
| |  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/13/2021 DATE |  AUGUSTIN, ANDUCCHI M (1100003) NAME OF OFFICER (PLEASE PRINT) 03/13/2021 DATE |

SCANNED
MAR 14 2021
PAGE 2 OF 2



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: 2021006259 | Date: 03/14/2021 |
| | Specialist Name/ID: T Howard/7185 |