2023MM00 3476 ASB

# ARREST / NOTICE TO APPEAR

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

1 JUVENILE

## ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N T A 's only): 40 23-005938

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other
If Weapon Seized, Enter Type: UNARMED
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 8 E ATLANTIC AVE DELRAY BEACH FL 33444
Location of Offense (Business Name, Address): 8 E ATLANTIC AVE, DELRAY BEACH, FL 33444

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 05/02/2023 | 23:17 | 05/02/2023 | 23:34 | | | |

## DEFENDANT

Name (Last, First, Middle): ROBERTS, SCOTT JUSTIN
Alias (Name, DOB, Soc Sec #, Etc ): Alias:

| Race (W - White, B - Black, I - American Indian, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 12/25/1986 | 5'10 | 200 | BROWN | BLACK | FAIR | LARGE |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status:
Religion: JEWISH
Indication of Alcohol Influence / Drug Influence: Yes ☐ No ☐ Unk ☒

Local Address (Street, Apt Number): 200 E PALMETTO PARK RD 811, BOCA RATON, FL 33432 (City) (State) (Zip) Phone: Residence Type (1 City, 2 County, 3 Florida, 4 Out of State):
Permanent Address (Street, Apt Number): 200 E PALMETTO PARK RD 811, BOCA RATON, FL 33432 (City) (State) (Zip) Phone: Address Source:
Business Address (Name, Street) (City) (State) (Zip) Phone: Occupation:

| D/L Number, State | Soc Sec Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| R163790864650 / FL | [redacted] | | BOCA RATON, FL, | US |

## CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

## JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
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 Department and Released, 2 TOT JAC, 3 Incarcerated):
Released To (Name): Relationship: 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 (Phone 355-2526) informed of any change of address.
☐ Yes, by ☐ No
School Attended: Grade:
Property Crime? ☐ Yes ☒ No: Description of Property: Value of Property:

## CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/ 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/Derv, P Paraphernalia/ Equipment, S Synthetic, U Unknown, Z Other

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DISORDERLY INTOXICATION | 856.011 | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☐ Y ☒ N | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

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| | | / | | | ☐ Y ☐ N | | |

## CHARGE

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| | | |

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|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injures
Explain:

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☒ T O T County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By: Released By: Released To:
Transported By: Date Transported: / / : : Time Transported: Other:

## NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 05/25/2023 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

## ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: I D # Pouch #

Signature of Arresting Officer: 1158
Name of Arresting Officer (Print): MEREDITH, JORDAN T I.D # 1158
Transporting Officer: BELMAN I D # 1224 Agency DBPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X":

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ [illegible] ☐ DEFENDANT

NOT A CERTIFIED COPY

SCANNED
FILED PBC - GUN CLUB
MAY 03 2023 MAY 3 AM 6:51

# PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

**ADMIN**

OBTS Number

Agency ORI Number: **FL 0500400**

Agency Name: **DELRAY BEACH POLICE DEPARTMENT**

Agency Report Number: **4 0 23-005938**

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| **ROBERTS, SCOTT JUSTIN** | | **W** | **M** | **12/25/1986** |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| **856.011 DISORDERLY INTOXICATION** | |
| Charge Description | Charge Description |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| **State Of Florida** | | | |

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| | | | | | |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | | |

**PROBABLE CAUSE STATEMENT**

The undersigned certifies and swears that he/she has just and resonable 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 _____ who told _____ that he/she saw the arrested person committ 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 **2** day of **May** **2023** at **23:17** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach located in Palm Beach County, Florida.

On 05/02/23 at 2256 hours, I was dispatched to 8 E Atlantic Ave (Tin Roof) in reference to a disturbance. I made contact with a white male, later identified as Scott Roberts, who was causing a disturbance in front of the business. Ofc Belamn stated he witnessed Roberts try to push through security and enter the business, after he was already escorted out. Roberts left the area without further incident.

Roberts returned to the business and was yelling at staff to give him a credit card. Staff advised him they already returned his credit card. Roberts was too intoxicated to realize his belongings were returned to him, when he was escorted out of the business. Roberts was causing a disturbance that caused people inside the business, and on the sidewalk, to turn their attention to him. Roberts swiftly approached Ofc Belman and shoved a phone inches from Ofc Belman's face. At this time I grabbed Roberts arms and placed him into handcuffs. As I was speaking with Roberts, he was having a hard time speaking and kept slurring his words. He had glassy eyes, and an unknown odor of alcohol emitting from him, and was uneasy on his feet.

Based on the above facts, Probable Cause exists to charge Roberts with Disorderly intoxication FSS 856.011.

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**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

**CAMBELL, BRIAN**
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**05/02/2023**
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**MEREDITH, JORDAN T (1158)**
NAME OF OFFICER (PLEASE PRINT)

**05/02/2023**
DATE



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

SCANNED
MAY 03 2023

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 | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 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) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023011459 | **Date:** 5/3/2023 |
| | **Specialist Name/ID:** Chantel Daniels/30347 |

SCANNED
MAY 03 2023