

		OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-17-47842		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator			
ADMINISTRATION	Charge Type:	<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance							
	Check as many as Apply.	<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other							
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)										
	100 E Boynton Beach Blvd, Boynton Beach FL 33435												
DEFENDANT	Date of Arrest	08/19/2017		Time of Arrest	0257		Booking Date			Booking Time			
	Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc)											
	Robyor, Jason Donald												
	W - White B - Black	I - American Indian O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
CO-DEF		W	M	01/29/1981	603	235	Blue	Brown	Fair	Large			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
	Marital Status Single												
	Religion												
JUVENILE	Local Address (Street, Apt. Number)	(City)		(State)		(Zip)		Phone		Residence Type			
	1660 Renaissance Commons Blvd, Boynton Beach FL 33435										1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source		
CODE	Business Address (Street, Apt. Number)	(City)		(State)		(Zip)		Phone		Occupation			
											Electrical Work		
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth		Citizenship				
	R160424810290						Burlington, VT						
CHARGE	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					
NOTICE TO APPEAR	<input type="checkbox"/> Parent Name (Last) (First) (Middle)	Residence Phone											
	<input type="checkbox"/> Legal Custodian												
	<input type="checkbox"/> Other												
	Address (Street, Apt. Number)	(City)		(State)		(Zip)		Business Phone					
ADMIN	Notified by: (Name)	Date		Time		Juvenile Disposition		2. TOT HRS/DYS		3. Incarcerated			
	Released To: (Name)	Relationship		Date		Time							
ADMIN	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 561-355-2526) informed of any change of address.												
	<input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)												
	Property Crime?	Description of Property		Value of Property									
	Yes <input type="checkbox"/> No <input type="checkbox"/>												
ADMIN	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. 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#								
	Sexual Battery (person less than 12 years old)	1F	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	794.011 (2)(a)									
ADMIN	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#								
ADMIN	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#								
ADMIN	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#								
ADMIN	<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 instruction on reverse side.		South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444										
			Court Date and Time		Month		Day		Year		Time		
			N/A		N/A		N/A		N/A		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
ADMIN	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)												
	Date Signed												
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print)		I.D. #		BU#109552		Page				
			Haas, Thomas		795				OF				
ADMIN	Intake Deputy	I.D. #	Pouch #	Transporting Officer		I.D. #		Agency		Witness here is subject Signed			

AUG 20 2017

CBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		N	
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-17-47842							
Charge Type Check all that 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) Robyor, Jason Donald						Race W		Sex M		Date of Birth 01/29/1981			
Charge Description Sexual Battery (person less than 12 years old)						Charge Description							
Charge Description						Charge Description							
Victim's Name (Last, First, Middle)						Race W		Sex F		Date of Birth 07/11/10			
Business Address (Name, Street) N/A						(City)		(State)		(Zip)		Phone N/A	
Address Source N/A						Occupation N/A							
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... <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. <input checked="" type="checkbox"/> Confessed to Sexual Battery Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The 19th Day Of August 2017 At 0257 A.M. <input type="checkbox"/> P.M.													

On 08/18/17 at approximately 1400 hours I was notified of a possible child sexual battery case at Memorial Hospital Pembroke that originated in [REDACTED] FL (Palm Beach County). I then responded to 7800 Sheridan Road (Memorial Hospital-Pembroke) and met with BSO Deputy T. Andrews and BSO Child Protective Investigator Michele Walker in ER room #5 who provided the following information:


On 08/18/17 the father w/m [REDACTED] (3/17/71) brought his daughter w/f [REDACTED] into the ER after she told him that [REDACTED] w/m Jason Donald Robyor (01/29/81) had digitally penetrated her vagina and rectum. The victim complained of pain in her vagina, which she referred as her "front butt" that started when she stayed the night with [REDACTED] at the [REDACTED] house this past Sunday night (08/14/17-08/15/17) at approximately 0500 hours. The child victim was then taken to the Sexual Assault Treatment Center (400 NE 4th St. Ft Lauderdale) where an interview and forensic evidence was established.


The victim stated to the Case Coordinator CPT Jamny Coronado (954-357-5763) that she had slept in the same bed with [REDACTED] and [REDACTED] that night and was asleep when she felt someone touching her private parts. The victim pretended to be asleep, when shortly thereafter Robyor reached down into her underwear and started rubbing her vagina in a circular motion. The victim stated that he used one finger to start poking into her vagina and felt roughness and pain when she started to wake up. According to the victim, the suspect stopped his actions when he got up for work at approximately 0500 hours. The victim went back to sleep and later that morning alerted her mother w/f [REDACTED] (02/18/91).

Myself and Det. Labbe made contact with Robyor [REDACTED] h, FL 33412, where he agreed to come to the station for a voluntary interview. Robyor was given Miranda Warnings (signed) and provided a statement. He advised that [REDACTED] was sleeping on the left side of him in the bed when he admitted to putting his hands down the victims black spandex shorts and used his left middle finger to digitally penetrate the victim's vagina. He advised that he did it once and it was a mistake.

Based on the above statement, the defendant Jason Robyor, a person eighteen years of age or older, did unlawfully commit sexual battery upon the victim, a person less than twelve years of age, by putting his finger into her vagina, contrary to Florida State Statute 794.011 (2)(a).

The foregoing instrument was sworn to or affirmed and subscribed before me


 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 8/19/17
 Date


 (Signature of Arresting / Investigative Officer)
 Haas, Thomas
 (Print name of Arresting / Investigative Officer)
 08/19/2017
 AUG 20 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking* or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-47842 Agency: Boynton Beach Police Department
Offense: Sexual Battery (person less than 12 years old)
Suspect/Offender: Robyor, Jason Donald
DOB: 01/29/1981 Race: W Sex: M
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: [REDACTED]
[REDACTED]
 - B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: [REDACTED]

Officer's Name: Haas, Thomas I.D.# 795 Date: 08/19/17

SUSPECT/OFFENDER: Robyor, Jason Donald

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
AUG 20 2017