

ADMINISTRATION	OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N				
	Agency ORI Number		Agency Name		BOYNTON BEACH POLICE DEPT.					Agency Report Number		34-17-47842		If Weapon Seized Enter Type		Multiple Clearance Indicator				
DEFENDANT	Charge Type: Check as many as Apply.		<input 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		N/A											
	Location of Arrest (including Name of Business) 100 E Boynton Beach Blvd, Boynton Beach FL 33435										Location of Offense (Business Name - Address)									
	Date of Arrest 08/19/2017		Time of Arrest 0257		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle City Hall Parking Lot							
	Name (Last, First, Middle) Robyor, Jason Donald										Alias (Name, DOB, Soc. Sec. #, Etc)									
	W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 01/29/1981		Height 603	Weight 235	Eye Color Blue	Hair Color Brown	Complexion Fair	Build Large						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status Single	Religion		Indication of: Y N Unk. Alcohol Influence Drug Influence						
	Local Address (Street, Apt. Number) 1660 Renaissance Commons Blvd, Boynton Beach FL 33435										Phone ( ) -			Residence Type 1. City 3. Florida 2. County 4. Out of State						
	Permanent Address (Street, Apt. Number)										Phone ( ) -			Address Source						
	Business Address (Street, Apt. Number)										Phone ( ) -			Occupation Electrical Work						
	DL Number, State R160424810290		Soc. Sec. Number		INS Number		Place of Birth Burlington, VT				Citizenship									
CO-DEF	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			
	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			
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)				Business Phone			
	Notified by: (Name)										Date	Time		Juvenile Disposition Handled/Processed within 24 hours Released		2. TOT HRS/DYS				
	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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)										School Attended				Grade					
CODE	Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property								Value of Property									
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	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	U. Unknown Z. Other S. Synthetic								
CHARGE	Charge Description Sexual Battery (person less than 12 years old)				Counts 1F	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 794.011 (2)(a)		Violation of ORD#										
	Drug Activity	Drug Type	Amount/Unit	Offense # 17-47842					Warrant/Capias Number		Bond									
CHARGE	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	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	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									
NOTICE TO APPEAR	<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 instruction on reverse side.			Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									Date Signed							
				Court Date and Time Month N/A		Day N/A		Year N/A		Time N/A		<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.							
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 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) Haas, Thomas		I.D. # 795	BU#109552								
	Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency	Witness here is subject Signed with						Page OF					

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SCANNED

OGBS Number		PROBABLE CAUSE AFFIDAVIT					1 Arrest 2 NTA	3 Request for Warrant 4 Request for Caples	1	Juvenile	N		
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number		<b>34-17-47842</b>						
Charge Type Check all that Apply		<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other			Special Notes								
Name (Last, First, Middle) <b>Robyor, Jason Donald</b>		Alias			Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/29/1981</b>				
Charge Description <b>Sexual Battery (person less than 12 years old)</b>				Charge Description									
Charge Description				Charge Description									
Victim's Name (Last, First, Middle) [REDACTED]				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>07/11/10</b>					
Residence Address (Name, Street) <b>N/A</b>				Phone <b>N/A</b>		Address Source <b>N/A</b>							
(City)      (State)      (Zip)				Phone <b>N/A</b>		Occupation <b>N/A</b>							
<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. 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 checked="" type="checkbox"/> Confessed to <b>Sexual Battery</b> Admitting the below facts      <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.</p>													
<p>On The <b>19th</b> Day of <b>August</b> <b>2017</b> At <b>0257</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>													
<p>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:</p>													
<p>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.</p>													
<p>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).</p>													
<p>Myself and Det. Labbe made contact with Robyor [REDACTED] 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 victim's 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.</p>													
<p>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).</p>													

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

  
**801 (SANDERS)**  
 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 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]
  - 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: \_\_\_\_\_

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