

2017MMDOOL888ANX47D

## ARREST / NOTICE TO APPEAR

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

3

JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR							1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias										
Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>					Agency Report Number (N.T.A.'s only) <b>3 1 2 2017-005855</b>												
Charge Type Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" 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					If Weapon Seized Enter Type		Multiple Clearance Indicator										
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) <b>499 E PALMETTO PARK RD, BOCA RATON, FL 33432</b>																	
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle												
Name (Last, First, Middle) <b>LEVIN, JEFFREY JAY</b>										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
Race W - White B - Black		Sex M	Date of Birth <b>08/27/1950</b>	Height <b>5'07</b>	Weight <b>170</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>MEDIUM</b>	Build <b>Medium</b>										
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>M</b> Religion <b>UNKNOWN</b>									
Local Address (Street, Apt. Number) <b>1081 SW 21ST AVE, BOCA RATON, FL 33486</b>										Phone <b>(561) 809-5333</b>									
Permanent Address (Street, Apt. Number) <b>1081 SW 21ST AVE, BOCA RATON, FL 33486</b>										Phone <b>(561) 809-5333</b>									
Business Address (Name, Street) <b>ASIA WICKER, 1086 S ROGERS CIR</b>										Phone <b>(561) 893-0300</b>									
D/L Number, State <b>L150430503070 / FL</b>		Soc. Sec. Number	INS Number			Place of Birth (City, State) <b>UNKNOWN</b>		Citizenship <b>US</b>											
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth												
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth												
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal Custodian										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 <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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										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 <b>PSA</b>		Value of Property <b>111</b>					
Drug Activity N/A D. 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/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	I. Amphetamine/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>VIOLATION OF INJUNCTION FOR PROTECTION AGAINST STALKING</b>										Statute Violation Number <b>784.0487(4)(a)</b>				Violation of ORD #					
Drug Activity <b>N</b>		Drug Type	Amount / Unit <b>/</b>	Offense # <b>2017-005855</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number <b>SEARCHED</b>				Bond <b>SEARCHED</b>								
Charge Description										Statute Violation Number <b>784.0487(4)(a)</b>				Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit <b>/</b>	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				Bond								
Charge Description										Statute Violation Number				Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit <b>/</b>	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"/> Deformities <input type="checkbox"/> Injuries Explain:									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By	Released To						
Transported By										Date Transported	Time Transported	Other							
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				No Photo Available					
										Court Date and Time									
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									
HOLD for Other Agency					Signature of Arresting Officer <b>793</b>					Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) <b>BACHAR, BRIAN</b>					I.D. # <b>793</b>		(PRINT)							
Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency					PAGE <b>1 OF 1</b>							
										Witness here if subject signed with an "X".									

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2017-005855</b>			
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:				
Name (Last, First, Middle) <b>LEVIN, JEFFREY JAY</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/27/1950</b>
Charge Description <b>784.0487 VIOLATION OF INJUNCTION NO CONTACT ORDER</b>		Charge Description					
Charge Description		Charge Description					
Victim's Name (Last, First, Middle) [REDACTED]				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/06/1956</b>	
(State) (Zip)				Phone <b>(561) 305-6975</b>	Address Source		
Business Address (Name, Street) [REDACTED]		(City)	(State)	(Zip)	Phone	Occupation	

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 **22** day of **April**, **2017** at **14:12** (Specifically include facts constituting cause for arrest.)

On 04/22/2017 at approximately 1102 hours, Officer Buckheit and I (Bachar) were dispatched to 100 NW 2nd Ave in reference to a violation of a protection order.

Upon arrival, I met with the complainant/protected party, [REDACTED]. [REDACTED] stated between 1930 hours and 2015 hours on 04/21/2017 while eating dinner (which she provided a receipt) at 499 East Palmetto (Trattoria Romana), located in Boca Raton, Florida, she was confronted by [REDACTED] (Jeffery Levin).

[REDACTED] has a non-expiring protection order against Levin (140485659) which was issued by the Broward County Sheriff's Office on 07/09/2014 (final served on 07/24/14). This order was confirmed in place by Boca Raton Police Dispatch.

According to [REDACTED] she arrived at Trattoria Romana at approximately 1800 hours where she sat at the bar with friends from work. [REDACTED] then noticed Levin sitting behind her while she was at the bar at approximately 1930 hours. [REDACTED] stated she did not contact the police because she was embarrassed and did not want to cause a scene in front of her friends.

After finishing dinner and paying the check, she walked out of the front door of the restaurant. While walking out of restaurant, Levin followed her and confronted [REDACTED] at the exterior entrance to the restaurant. [REDACTED] stated to Levin, "you can't be near me, I have a no-contact order." Levin then replied, "it was only temporary you fucking cunt."

[REDACTED] then went to her vehicle and left the scene.

On 04/22/2017 at approximately 1300 hours, Officer Buckheit contacted Levin via his cellular telephone number (561-809-5333). Officer Buckheit identified himself as a Boca

ADM IN IS TR AT IVE	SWORN AND SUBSCRIBED BEFORE ME  <b>SOMMER, JES</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>04/22/2017</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>BACHAR, BRIAN (793)</b> NAME OF OFFICER (PLEASE PRINT)  <b>04/22/2017</b> DATE	PAGE <b>1 OF 2</b>
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**3**

JUVENILE

OBTS Number			
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D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-005855</b>
Charge Type: Check as many as apply. 1. Felony 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
D E F	Name (Last, First, Middle) <b>LEVIN, JEFFREY JAY</b>		Alias
		Race <b>W</b>	Sex <b>M</b> Date of Birth <b>08/27/1950</b>

Raton Police Officer and asked to speak to Jeffery Levin, the male on the phone identified himself as Jeffery Levin.

Officer Buckheit informed Levin he was conducting an investigation about an incident which occurred last evening. Levin stated he knew why Officer Buckheit was calling and that the protection order was only temporary. Officer Buckheit informed Levin the protection order was permanent and he was served with this order on 07/24/2014. Officer Buckheit requested Levin to come to the Boca Raton Police Department to give a statement, Levin declined meeting in person and stated "I am not gonna come to the Police Department, why so you can arrest me."

Based on my investigation, Levin knowingly confronted [REDACTED] (protected party) against her will while she waited for her vehicle, contrary to F.S.S. 784.0487(4a).

I request a warrant issued for Levin's arrest.

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SWORN AND SUBSCRIBED BEFORE ME

**SOMMER, LEE S.**

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**04/22/2017**

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**BACHAR, BRIAN (793)**

NAME OF OFFICER (PLEASE PRINT)

**04/22/2017**

DATE

PAGE  
**2 OF 2**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.