

ARREST / NOTICE TO APPEAR

16MM1607  
3. Request for Warrant  
2. N.T.A. 4. Request for Capias 1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2016-013516</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
Location of Arrest (Including Name of Business) <b>1801 N FEDERAL HWY BOCA RATON, FL 33432</b>					Location of Offense (Business Name, Address) <b>1801 N FEDERAL HWY, BOCA RATON, FL 33432</b>	
Date of Arrest <b>09/15/2016</b>	Time of Arrest <b>19:40</b>	Booking Date <b>09/15/2016</b>	Booking Time <b>19:50</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle <b>N/A</b>

Name (Last, First, Middle) <b>HILLSTROM, MARK ROBERT</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>04/25/1954</b>	Height <b>5'11</b>	Weight <b>240</b>	Eye Color <b>BLUE</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Large</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>D</b>	Religion <b>LUTHERAN</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>AT LARGE</b>			(City)	(State)	(Zip)	Phone <b>(561) 541-9811</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number) <b>AT LARGE</b>			(City)	(State)	(Zip)	Phone <b>(561) 541-9811</b>	Address Source <b>FL DL</b>	
Business Address (Name, Street) <b>UNEMPLOYED,</b>			(City)	(State)	(Zip)	Phone	Occupation <b>Unemployed</b>	
D/L Number, State <b>H423556541450 /</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WASHINGTON DC</b>		Citizenship <b>US</b>			

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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)					Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)					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.			School Attended			Grade
<input type="checkbox"/> Yes, by: _____			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. Disperse/ 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/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	--	--	------------------------

Charge Description <b>TRESPASS PROPERTY OTHER THAN A STRUCTURE OR CONVEYANCE</b>	Statute Violation Number <b>810.09 2b</b>	Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense # <b>2016-013516</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	

Health / Apparent Physical Condition of Defendant <b>N/A</b>	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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
PROPERTY - Received By <b>GANNON</b>	Released By <b>GANNON</b>	Released To <b>PBCJ</b>
Transported By	Date Transported	Time Transported

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time <b>10/13/2016 08:30:00</b>
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>GANNON</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>GANNON, BRIAN M.</b>	(PRINT)
Intake Deputy	I.D. # <b>775</b>	PAGE <b>1 OF 1</b>
Pouch #	Transporting Officer	I.D. #
Agency		
Witness here if subject signed with an "X".		

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2016-013516</b>
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		Special Notes:

Name (Last, First, Middle) <b>HILLSTROM, MARK ROBERT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/25/1954</b>
---	-------	------------------	-----------------	------------------------------------

Charge Description <b>810.09 TRESPASS PROPERTY OTHER THAN A STRUCTURE OR</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>BOCA INN,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1801 NORTH FEDERAL HWY 216, BOCA RATON, FL 33432</b>	Phone <b>(561) 395-7500</b>	Address Source	
Business Address (Name, Street) (City) (State) (Zip) <b>BOCA INN, 1801 N FEDERAL HWY</b>	Phone <b>(561) 395-7500</b>	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 **15** day of **September**, **2016** at **19:40** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the city of Boca Raton, Palm Beach County, Florida.

On September 15, 2016 at approximately 1912 hours, while conducting a routine patrol in the area of 1801 N Federal Hwy (Boca Inn), I observed a white male standing in the hotel parking lot waving his arms in an attempt to gain my attention. I then made contact with the male, later identified as Ramjit Singh, owner of the Boca Inn. According to Singh, a white male suspect, later identified as Mark Hillstrom by his Florida Driver License, was causing a verbal disturbance on the hotel property. Singh stated that Hillstrom became verbally belligerent when he attempted to rent a room under a reservation that did not exist. Singh explained that due to Hillstrom appearing extremely intoxicated, in conjunction with his behavior, he requested to have BRPD units issue Hillstrom a trespass warning for the property. Singh confirmed that Hillstrom did not have a reservation or a room rented to him, nor did he have any legitimate business at the hotel.

I then spoke with Hillstrom, who was sitting outside of the Boca Inn on the hotel's property. I detected the strong smell of an alcoholic beverage emanating from Hillstrom's person. Hillstrom stated that he was recently kicked out of a rehabilitation center in Fort Lauderdale for alcohol recovery. According to Hillstrom, he was attempting to stay at the Boca Inn and thought that his counselor had made prior reservations. BRPD provided Hillstrom an opportunity to contact his counselor in order to clarify the discrepancy, which he rejected. Hillstrom stated that he did not have a room at The Boca Inn, and therefore had no legitimate purpose to remain on the property. BRPD explained to Hillstrom that he was being issued a trespass warning from the property, by authority of BRPD affidavit sign #2099, to which Hillstrom stated he understood. Hillstrom was provided several explanations as to the meaning of the trespass warning, and the consequences of refusing to leave the property. Hillstrom was also afforded numerous opportunities to leave the property, refusing to leave each

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
<b>IMMLER, DOUGLAS J</b> NOTARY PUBLIC / CLERK OF COURT / JUDGE (F.S.S. 117.10)	<b>GANNON, BRIAN MATTHEW (775)</b> NAME OF OFFICER (PLEASE PRINT)
<b>09/15/2016</b> DATE	<b>09/15/2016</b> DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

OBTS Number	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-013516</b>
Agency ORI Number <b>FL 0500200</b>			
Charge Type: Check as many as apply.	Special Notes:		
<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			

Name (Last, First, Middle) <b>HILLSTROM, MARK ROBERT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/25/1954</b>
---	-------	------------------	-----------------	------------------------------------

time.

Due to Mark Hillstrom's refusal to leave the Boca Inn property after being issued a trespass warning, he was placed under arrest in violation of F.S.S. 810.09. Hillstrom was placed in handcuffs, which were checked for tightness and double locked. Hillstrom was then turned over to Palm Beach County Jail to await final disposition.

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>IMMLER, DOUGLAS J</b> DATE <b>09/15/2016</b>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>GANNON, BRIAN MATTHEW (775)</b> NAME OF OFFICER (PLEASE PRINT) <b>09/15/2016</b> DATE
		PAGE <b>2 OF 2</b>