0505738 NR 19mm2361 3336

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 19-041548

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
Weapon Seized / Type: 2 (1. Yes 2. No)
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 10101 FOREST HILL BLVD WELLINGTON FL 33414 WELLINGTON REGIONAL MEDICAL
Location of Offense (Business Name, Address): 7195 PINE MANOR DR, LAKE WORTH FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/25/2019	1505					10101 FOREST HILL BLVD WELLINGTON FL 33414 WELLINGTON REGIONAL MEDICAL

DEFENDANT

Name (Last, First, Middle): Rubin, Philip, J
Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	07/02/1953	5'07	185	BRN	GRY	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE
Marital Status: Divorced
Religion: NONE
Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 7195 Pine Manor Dr, Lake Worth, FL 33467
Phone: (561) 889-4983
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: FL D/L
Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: MUSICIAN

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R150670532420, FL	[redacted]		NY NY	Y

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 ☐ Legal Custodian ☐ Other:
Address (Street, Apt. Number) (City) (State) (Zip): 10101 Forest Hill Blvd Wellington FL 33414
Residence Phone: ( )
Business Phone: ( )

Notified by: (Name) | Date | Time | Juvenile Disposition: 1. Handled / processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)
School Attended: VICTIM NOTIFICATION | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property: REQUIRED

CODE

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. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY Domestic	1	☒ Y ☐ N	784.03 1A1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19-041548		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 205 N. Dixie Hwy. West Palm Beach, FL 33401
Court Date and Time: Month 02 Day 28 Year 2019 Time 8:30 AM PM

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: 02/25/2019

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:
Intake Deputy: William Eberly I.D. # | Pouch #
Signature of Arresting Officer: X
Name of Arresting Officer (Print): MICHAEL FONGEMIE I.D. #: 6277
Transcribing Officer: ~~FONGEMIE~~ Blackwa I.D. # 6277 Agency: PBSO
Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT / TAXPAYER

PBSO #148 REV. 8/07

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile: N

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19-041548

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor [X] 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle): Rubin, Philip, J

Alias:

Race: W | Sex: M | Date of Birth: 07/02/1953

CHARGES

Charge Description: BATTERY Domestic 784.03 1A1

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): WALLS, BARBARA,

Race: W | Sex: F | Date of Birth: 12/16/1952

Local Address (Street, Apt. Number) (City) (State) (zip): 7195 PINE MANOR DR,

Phone: (704) 658-6773

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 reasonable 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.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [X] was found to have commited the below acts, resulting from my (described) investigation.

On the 25 day of FEBRUARY 2019 at 0400 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On 2/25/2019 at approximately 1430 hours, I arrived at, 10101 Forest Hill Blvd, Wellington FL, to investigate a domestic dispute complaint. I spoke with Ms. Barbara Walls who told me the following in a sworn taped statement.

She was brought in by medics around 1400 hours for illness. She was a bit confused and disorientated but when questioned by hospital staff she referenced the injuries observed on her face and shoulders were from her boyfriend (with whom she lives with) Philip Rubin, punching her. She said he has been abusing her for quite some tine now because she won't have sex with other men for him. Rubin adamantly denies this and claims Walls suffers from mental illness and she is lying to get him in trouble as he has been trying to break off the relationship.

Rubin denied ever hitting her and said the injuries were sustained from her falling after taking several of his medications.

Walls did admit to taking Rubin's [redacted] but said she did so because it was her way of dealing with the constant abuse. She did have an obvious bruise under the eye in a classic half moon shape consistent with her description of being punched by Rubin. She was unsure how she sustained the injuries to her shoulders.

Based on the sworn statements of abuse and corroborating physical evidence Philip Rubin was arrested and charged with battery (domestic) in violation of FSS 784.03 1A1.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

MICHAEL FONGEMI
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of FEBRUARY 2019 by FONGEMIE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

4671
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
FEB 26 2019

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Rubin, Philip, J DOB: 07/02/1953 Case #: 19-041548

Victim: WALLS, BARBARA, DOB: 12/16/1952 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes × No Victim × Yes No Defendant Yes × No

911 Call: × Yes No Caller: HOSPITAL STAFF

Weapon Used: Yes × No Type: _____

Witness: Yes × No Name: _____

Victim Pregnant: Yes × No If yes, ___ weeks _____ months

Injuries: × Yes No Description: BRUISED EYE, SHOULDERS

Medical Treatment: × Yes No

At Scene: Yes No Paramedics: PBCFR

At Hospital: × Yes No Hospital: WELLINGTON REGIONAL Physician: ER

Are Children Living in Home? Yes × No DCF Notified? Yes No

Name: DOB: __/__/____

Name: DOB: __/__/____

Name: DOB: __/__/____

Injunction Yes × No Case #: _____

No Contact Order Yes × No Case #: _____

Alcohol or Drugs × Yes No Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements Yes No If yes, written recorded ×oral

First words Defendant said when you responded to scene: DENIES BEING PHYSICAL

SAYS SHE IS MAKING THIS UP BECAUSE HE IS TRYING TO END THE RELATIONSHIP

Victim's Statements × Yes No If yes, written ×recorded oral

First words Victim said when you responded to scene: AT FIRST SHE WASN'T SURE WHAT HAPPENED TO HER AND WHY SHE WAS IN THE HOSPITAL

SHE LATER ADMITED TO BEING ABUSED BY RUBIN FOR AWHILE AND THAT HE PUNCHED HER IN THE EYE CAUSING THE BRUISE.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (___)___ -_____

Observations of Victim (Physical & Emotional): _____

Upset Crying ×Fearful Hysterical ×Afraid Calm Nervous

Complained of pain ×Other VERY CONFUSED AND DISORIENTED

Victim Contact Information:

Local Address: 7195 PINE MANOR DR,

Phone: Home (704) 658-6773 Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: _____ Phone (___)_____-_____

Address: _____

PBSO #0004A REV. 05/11

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FEB 26 2019

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single 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.

SUSPECT/OFFENDER: **Rubin, Philip, J** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: **19-041548** Agency: **PBSO**
   Offense: **BATTERY**
   Suspect/Offender: **Rubin, Philip, J**
   D.O.B. **07/02/1953** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: **WALLS, BARBARA,** D.O.B. **12/16/1952** Race: **W** Sex: **F**
   Address: **7195 PINE MANOR DR**
   City: _____
   Home #- **(704) 658-6773** Work #: **0** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.

☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: **WALLS, BARBARA,**

Deputy's Name: **FONGEMIE** I.D.# **6277** Date: **02/25/2019**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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FEB 26 2019

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.	3
	☐	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	☐	539.003	Other: Florida Pawnbroking Act	
	☐	119.0712(2)(b)	Other: Personal information contained in a motor vehicle record.	

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REVIEW COMPLETED BY

Booking Number: 2019006678	**Date:** 02/23/2019
	Specialist Name/ID: WATSON/6665

SCANNED
FEB 26 2019