0502558 NIR

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 18137686

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

Weapon Seized / Type: 1 Yes 2. No

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 3639 S. Military Trail (Marathon Gas Station), GRENACRES, FL 33463

Location of Offense (Business Name, Address): 3639 S. Military Trail (Marathon Gas Station) #---, GRENACRES, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/26/2018	2024	10/26/2018				3639 S. Military Trail (Marathon Gas Station), GRENACRES, FL 33463

DEFENDANT

Name (Last, First, Middle): Anchelowitz, Robert, Micheal

Alias (Name, DOB, Soc. Sec #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/07/1962	5'10	200	brown	grey	med	med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TAT RT SHOULDER "ROBERT"

Marital Status: Married

Religion:

Indication of Alcohol Influence / Drug Influence: Y [ ] N [ ] Unk. [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip): 8066 Montserrat Pl, Wellington, FL 33414

Phone: (561) 603-3426

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: FCIC/NCIC

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: TRUCK DRIVER

DL Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
A524773620870, FL	[redacted]		BROOKLIN, NY	USA

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

Name (Last) (First) (Middle):

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip):

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: Grade:

Property Crime? [ ] Yes [ ] No

Description of Property:

Value of Property:

250.00 PD 10-26

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 #
SOLICITING ANOTHER TO COMMIT PROSTITUTION	01	[ ] Y [X] N	796.07 (2)(f) 4A1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18137686		

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

2018 OCT 27 AM 11:18

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month NOVEMBER Day 20 Year 2018 Time 08:30 AM X 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)

10/26/2018
Date Signed

ADMIN

HOLD for other Agency Name:

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S A. D'Orsi I.D. # 14457

Name Verification (Printed by Arrestee) (PRINT):

Investigator: D/S B. SHATARA #7623 I.D. # Pouch #

Transporting Officer: I.D. # Agency

Witness here if subject signed with an -X-

PAGE 1 OF 1

4508

NOT A CERTIFIED COPY

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	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18137686

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Anchelowitz, Robert, Micheal		W	M	03/07/1962

CHARGES

Charge Description	Charge Description
SOLICITING ANOTHER TO COMMIT PROSTITUTION 796.07 (2) (F)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA, ,	-	-	-

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	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.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 26TH day of OCTOBER 20 18 at _____ ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On October 26th 2018 , The PBSO D-16 Street Crimes Team conducted an undercover operation within the City of Greenacres to combat Street Prostitution. Female Deputy Sheriffs posed as prostitutes in specific locations due to citizen's complaints.

[redacted] was one of the 'decoys' posing as a prostitute in the [redacted] was approached by a W/M later identified as Robert Anchelowitz 03/07/1962 herein referred to as the Defendant, who was driving a red Ford Expedition bearing FL TAG: ECTV08.

Upon (DEFENDANT'S) contact with [redacted] he asked her how much. [redacted] asked for what. The Defendant stated "blowjob" referencing oral sex. [redacted] stated 20 dollars. The Defendant stated OK. [redacted] directed the Defendant to the rear of the building.

The predetermined signal was given and the arrest team responded from a concealed location. [redacted] stopped the Defendant and took him into custody without incident. The Defendant was placed in zip cuffs that were checked for fit and was transported to 4639 Lake Worth Rd. Greenacres, FL (Mil Lake Plaza) by [redacted] where he was turned over to Corrections Deputies for processing and later transported to the Palm Beach County Jail.

The Defendant requested his vehicle be parked at 3479 S. MILITARY TRAIL IBERIA BAR AND GRILLE.

Audio and video of the transaction was captured by [redacted] who were conducting surveillance from a concealed location. The video of the transaction was packaged and entered into evidence at the D-16 Sub Station by [redacted]

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S A. D'Orsi 24983
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26TH day of OCTOBER 20 18 by D/S A. D'Orsi ID:24983

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

D/S P. Sanchez 2496
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

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.	3
	☐	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.	
	☐	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	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2018035972	**Date:** 10/27/2018
	Specialist Name/ID: M. Tooks #8557