

## ARREST / NOTICE TO APPEAR

17mm11691  
1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1 Juvenile

ADMINISTRATIVE	OBTS Number	Agency Name			Agency Report Number											
	FLO 5 0 3 7 0 0	FLORIDA ATLANTIC UNIVERSITY POLICE			1 1 7 0 7 3 15											
Charge Type:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type				Multiple Clearance Indicator								
Check as many as apply:	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	2	1. Yes	2. No										
Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)															
777 Glades Road Building 98 Boca Raton, FL 33431		777 Glades Road Parking Lot 35 Boca Raton, FL 33431														
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle										
09-26-2017	1:39 am															
Name (Last, First, Middle): Hall, Robert, Christopher																
Race		W - White I - American Indian B - Black 0 - Oriental/Asian	Sex	W M	Date of Birth	10-15-1997	Height	6'0	Weight	210	Eye Color	Hazel	Hair Color	Blond	Complexion	Stocky
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									Marital Status	Single	Religion	Unknown	Indication of:	Y N Unk		
N/A													Alcohol Influence	<input type="checkbox"/>	Drug Influence	<input type="checkbox"/>
Local Address (Street, Apt, Number)		(City)		(State)		(zip)	Phone		(813 ) 802-9242		Residence Type:					
777 Glades Road Building 99, 602C		Boca Raton		FL		33431					1. City		3. Florida			
Permanent Address (Street, Apt, Number)		(City)		(State)		(zip)	Phone		(813 ) 802-9242		2. County		4. Out of State			
13943 Swallow Hill Drive		Lithia		FL		33547										
Business Address (Name, Street)		(City)		(State)		(zip)	Phone		( )		Address Source		Occupation			
D/L Number, State		Soc Sec Number		INS Number		Place of Birth (City, State)		Tampa, FL		Citizenship		US				
H400-763-97-375-0, FL																
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 <input type="checkbox"/> 5. Juvenile			
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 <input type="checkbox"/> 5. 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)		(zip)	Business Phone		( )							
Notified by: (Name)		Date		Time		Juvenile Disposition		2. TOT HRS/DYS								
Released To: (Name)		Relationship				1. Handled/processed within Dept and Released.		3. Incarcerated.		Date		Time				
The above address was provided by:									School Attended				Grade			
The above address was provided by <input type="checkbox"/> defendant <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk office (Phone 355-2526) informed of any change of address.																
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No (Reason)																
Property Crime		Description of Property				Value of Property										
<input type="checkbox"/> Yes <input type="checkbox"/> No																
Activity		S. Sell B. Buy P. Possess	R. Smuggle T. Traffic	K. Dispense D. Deliver E. Use	M. Manufacture/Z. Other Produce/Cultivate	N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia S. Synthetic	U. Unknown Z. Other						
Charge Description		Simple Battery (Dating Violence). DOMESTIC		Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	784 03		(1) A 1		Violation of ORD OF					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond					
N		N		17-0735												
Charge Description				Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number					Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond					
N		N														
Charge Description				Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number					Violation of ORD III					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond					
N		N														
Charge Description				Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number					Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond					
N		N														
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)														
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time														
		Month Day Year 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED												29				
Signature of Defendant (or Juvenile and Parent/ Custodian)												Date Signed				
Hold for other Agency Name:				Signature of Arresting Officer X Robert Haskins #390				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 (Min) Officer Gina Hopkins				(PRINT) Robert Haskins SCANNED								
Intake Deputy		I.D. #	Pouch #	Transporting Officer I.D. JENKUS		Agency FAUPD		Witness here if subject signed with an -X"								
DISTRIBUTION WHITE - COURT COPY												GREEN - STATE ATTORNEY				
FAUPD 2016-118 ADM8132-2												YELLOW - AGENCY				
PINK - JAIL												GOLD - DEFENDANT (N.T.A.'S ONLY)				

# DOMESTIC VIOLENCE/DATING VIOLENCE PROBABLE CAUSE AFFIDAVIT

On the 26 day of September, 2017, at 0139  a.m.  p.m.  
Subject: Robert Hall DOB: 10/15/1997 FAUPD Case #: 17-0735  
Charge Description: Simple Battery (Dating Violence) Statute Number: 784.03 (1)  
Victim: Jewely-Anne Odom DOB: 10/08/1997 Sex: F Race: W  
Local Address: 777 Glades Rd Bldg #98 IVAN Boca Raton FL 33431

## PERSONAL CONTACT

NARRATIVE: Hall (ARRESTED) and Odom (VICTIM) are boyfriend/girlfriend who have been together and intimate for a little over one year and living together in each other's dorm rooms on the Florida Atlantic University campus located in Boca Raton Florida for a year and a half.

On 09/23/2017 at approximately 2000 hrs, they both were together on the FAU Boca Raton campus, parked in lot # 35. Hall became angry when he found out that Odom was hanging out with another male while he was attending a fraternity pool party during the day. Hall and Odom became engaged in a verbal altercation while in the parking lot at which time Odom attempted to exit her vehicle when Hall physically grabbed her by the neck, causing her shirt to rip.

DEFENDANT'S STATEMENTS ( WRITTEN /  TAPED /  ORAL):

VICTIM'S STATEMENTS ( WRITTEN /  TAPED /  ORAL):

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL): Was visibly upset, made several statements that they have arguments all the time and that the ARRESTEE uses drugs and prescription pills. VICTIM states that the ARRESTEE has been unfaithful/physical and no longer wants to be in their relationship.

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RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Girlfriend/Boyfriend

PHOTOGRAPHS TAKEN OF:

SCENE:  YES  No  
VICTIM:  YES  No

**SCANNED**  
SEP 26 2017

911 CALL:  Yes  No CALLER: \_\_\_\_\_

WEAPON USED:  Yes  No TYPE: \_\_\_\_\_

WITNESSES:  Yes  No (IF YES, ATTACH WITNESS LIST)

INJURIES:  Yes  No

MEDICAL TREATMENT:  Yes  No

AT SCENE:  Yes  No PARAMEDICS: \_\_\_\_\_

AT HOSPITAL:  Yes  No PHYSICIAN(S): \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

ACT COMMITTED IN PRESENCE OF MINOR(S):  Yes  No

NAMES/AGES: \_\_\_\_\_

DCF NOTIFIED:  Yes  No

VICTIM PREGNANT:  Yes  No

VIOLATION OF RESTRAINING ORDER:  Yes  No CASE #: \_\_\_\_\_

PRIOR HISTORY OF DOMESTIC VIOLENCE:  Yes  No

ALCOHOL OR DRUGS INVOLVED:  Yes  No TYPE: Xanax, Marijuana

VICTIM CONTACT INFORMATION:

PHONE - HOME: 813-763-4308 WORK: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

RELATIVE - NAME: Christina D'Alessio (MOTHER) PHONE: 813-601-5495

ADDRESS: 2918 West McGEE RD Plant City, FL 33565

STATE OF FLORIDA  
COUNTY OF PALM BEACH

APPEARED BEFORE ME, OFFICER Gina Hopkins (PRINT NAME), PERSONALLY KNOWN TO  
ME, WHO BEING FIRST DULY SWEORN, SAYS THAT THE FACTS ABOVE, BASED UPON THEIR INVESTIGATION, ARE TRUE.

Sgt [Signature] #390  
SIGNATURE OF ARRESTING OFFICER

SWORN AND SUBSCRIBED TO BEFORE ME THIS 26 DAY OF September, 2017

Sgt [Signature] #126  
NOTARY / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)