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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Copies  Juvenile

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 19125268</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		Multiple Clearance Indicator <b>0 2</b>	
Location of Arrest (Including Name of Business) <b>Island Jacks 4449 Okeechobee Blvd West Palm Beach, FL</b>				Location of Offense (Including Name of Business) <b>Island Jacks 4449 Okeechobee Blvd West Palm Beach, FL</b>			
Date of Arrest <b>10/11/2019</b>	Time of Arrest <b>2146</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Frigiola Robert James</b>				Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White B - Black O - Oriental/Polyn	Sex <b>M</b>	Date of Birth <b>02/23/1992</b>	Height <b>6'2"</b>	Weight <b>230</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>
Build <b>Large</b>				Marital Status <b>Divorced</b>		Religion <b>None</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Multi Tats Chest, Multi Tats R Arm, Tat Neck</b>				Inclusion of Alcohol/Influence/Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Local Address (Street, Apt. Number) <b>6701 MALLARDS COVE RD APT 9C</b>		City <b>Jupiter</b>		State Zip <b>FL 33458</b>		Phone <b>570-237-6133</b>	
Permanent Address (Street, Apt. Number)		City		State Zip		Address Source <b>FL D/L</b>	
Business Address (Street, Apt. Number)		City		State Zip		Occupation	
DL Number, State <b>F-624-770-92-063-0, FL</b>		Social Security Number		INS Number		Place of Birth <b>Allentown, PA</b>	
Citizenship <b>US</b>		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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone		Address (Street, Apt. No.) City State Zip Business Phone	
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRMOYS 3. Incarcerated		School Attended	
Released To (Name)		Relationship	<b>2017042277</b>	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 811-335-3528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Parent)		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		E. Sell B. Buy T. Transfer		R. Struggle 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		P. Prescription Equipment U. Unknown Z. Other	
Charge Description <b>Disorderly Intoxication</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>866.011(1)3C</b>		Violation or ORD. #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>19125268</b>	Warrant/Capias Number		Bond <b>OR</b>	
Charge Description <b>Affray</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>870.01(1)3C</b>		Violation or ORD. #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>19125268</b>	Warrant/Capias Number		Bond <b>OR</b>	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Location (Court, Address, Room Number) <b>Veteran's Court, 3228 Gun Club Rd., West Palm Beach, FL 33406</b>							
Court Date and Time Month <b>November</b> Day <b>18</b> Year <b>2019</b> Time <b>1:00</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial		Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S J. Camilleri</b>		ID # <b>33622</b>	
Including Deputy <b>DSC/...</b>		ID # Pouch #		Transporting Officer ID # <b>D/S D. Zamora #31782</b>		Agency <b>PBSO</b>	
Name Verification (Printed by Arrestee) <b>(PRINT)</b>						Page <b>1 of 1</b>	

OCT 12 AM 2:07

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N						
ADMIN	Agency ORI Number	Agency Name	Agency Report Number											
	<b>FL0 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06-19-125268</b>											
CHARGES	Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Special Note:
	Name (Last, First, Middle)	Alias						Race	Sex	Date of Birth				
	<b>Frigiola, Robert, James</b>						W	M	02/23/1992					
	Charge Description	870.01 (J)C		Charge Description				Disorderly Intoxication				856.011 (J)C		
	Charge Description	Charge Description												
VICTIM	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth					
	<b>State Of FL, ,</b>													
	Local Address (Street, Apt. Number)			(City)	(State)	(zip)	Phone		Address Source					
Business Address (Name, Street)			(City)	(State)	(zip)	Phone		Occupation						
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>11</u> day of <u>October</u> 20<u>19</u> at <u>21:08</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>														
<p>On October 11, 2019, at approximately 2100 hours I was dispatched to island Jacks located at 4449 Okeechobee Blvd, West Palm Beach, FL 33409 in reference to a female calling the PBSO emergency phone line and stating that there were three white males in a fight. While en-route to the above location I was informed by PBSO District 3 Dispatch that one of the bartenders was holding one of the males down and another male jumped over the counter. I was also advised that the three males were marines, and that they were taking off their shirts and yelling.</p> <p>Deputy A. Perez ID# 14622 arrived to the scene and made contact with Island Jacks owner Mario Martinez. Mario advised that the three white males entered Island Jacks and had already seemed to be intoxicated. Mario stated that the three white males were served a bucket a beer, and while they were drinking they began fighting each other and disturbing other customers.</p> <p>Upon my arrival I made contact with two shirtless white males who were yelling and acting belligerent. I observed the two males to be highly intoxicated, slurring their words and having a hard time standing up. I advised the males to sit down and relax. One of the males gave me his DL which identified him as an adult aged white male named Robert Frigiola. I asked the other white male for his name, at which time he was not giving it to me due to him being intoxicated and uncooperative. The white male then cooperated and identified himself as being named Robert Sybrant. While speaking to Robert Sybrant and Robert Frigiola, Robert Frigiola began yelling at myself an other deputies, standing up and getting in our faces, at which time we asked him to sit down and he did. Robert Frigiola began yelling again, stating that he is a U.S Marine and that he had been through a lot. Robert Sybrant then tried calming Robert Frigiola down, at which time the two males became violent and began fighting eachother. Another white male, who identified himself as a friend of Robert Sybrants, arrived and tried calming him down. I then advised Robert Sybrant and Robert Frigiola to calm down and stop, at which time they stood to their feet and began fighting, striking each other in the face and wrestling.</p> <p>Deputy A. Perez then grabbed Robert Frigiola as he and Robert Sybrant fell to the ground fighting, causing Robert Sybrant to hit his forehead on the cement parking lot causing a small abrasion. I tried to place Robert Syrbants right arm behind his back to place handcuffs on him, at which time he began to pull away. I eventually was able to place Robert Syrbant in handcuffs, double locking and checking for tightness while other deputies placed Robert Frigiola in handcuffs.</p> <p>During the time of my investigation I found probable cause to arrest Robert Frigiola for Disorderly Intoxication ( FL State Statute 856.011 (J)C) due to his intoxicated state and him yelling, cussing, and acting belligerent and disturbing customers at Island Jacks. I also found probable cause to arrest Robert Frigiola for Affray ( FL State Statute 870.01 (J)C) due to him openly fighting in public in the parking lot of Island Jacks.</p>														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  D/S J. Camilleri (Signature of Arresting/Investigative Officer)													
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>October</u> 20 <u>19</u> by <u>Jordan Camilleri</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known ID</u>													
	<u>D. Tamara 31782</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	33119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

**REVIEW COMPLETED BY**

Booking Number: 2019033238	Date: 10/12/2019
	Specialist Name/ID: M. Tooks #8557