

#0459741

19CFA169

3470

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-119970</b>	
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multi-Discharge Indicator <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Location of Arrest (Including Name of Business)	
Date of Arrest <b>09/27/2019</b>		Time of Arrest <b>15:54</b>		Booking Date <b>09/27/2019</b>		Booking Time	
Name (Last, First, Middle) <b>Henck, Robert, Mann</b>		Date of Birth <b>11/28/1966</b>		Height <b>5'11"</b>		Weight <b>160</b>	
Sex <b>M</b>		Eye Color <b>BROWN</b>		Hair Color <b>GRAY</b>		Complexion <b>LIGHT</b>	
Build <b>THIN</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS EACH SHOULDER</b>		Residence Type <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Inland <input type="checkbox"/> 4. Out of State		Address Source <b>FLORIDA ID</b>		Occupation <b>DISABLED</b>	
Local Address (Street, Apt. Number) <b>2786 W Community Dr, Jupiter, FL 33458</b>		Phone <b>(561) 526-5886</b>		Permanent Address (Street, Apt. Number)		Business Address (Name, Street)	
D/L Number, State <b>H520773664280, FL</b>		Social Security Number		INS Number		Place of Birth (City, State) <b>GREENSBORO, NC</b>	
Citizenship <b>USA</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		Residence Phone	
Co-Defendant Name (Last, First, Middle)		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	
Parant <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)		(State) (Zip)	
Notified by: (Name)		Date		Time		Juvenile Apprehension <input type="checkbox"/> 1. Handled / Processed within Dept. and Released <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated	
Released to: (Name)		Relationship		Date		Time	
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description of Property		Value of Property		Drug Activity N. IWA P. Possess		S. Sell B. Buy T. Traffic	
R. Smuggle D. Deliver E. Use		K. Dispense / Distribute		M. Manufacturer / Producer / Cultivate		Z. Other	
Drug Type N. IWA 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>BATTERY ON ELDER</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number <b>784.08 (2c)</b>		Warrant / Capias Number		Violation of ORD #		Drug Activity N. IWA P. Possess	
Drug Type		Amount / Unit		Offense # <b>19-119970</b>		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address)		Court Date and Time		Month		Day	
Year		Time		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 IF I 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 <b>09/27/2019</b>		Name Verification (Printed by Arrestee)	
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name of Arresting Officer (Print) <b>R. JAQUES</b>		I.D.# <b>23160</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer <b>R. JAQUES</b>		I.D.# <b>23160</b>	
Intake Deputy		I.D.#		Pouch #		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"		PAGE <b>1</b>		OF <b>1</b>			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED  
SEP 28 2019

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-19-119970</b>
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:	
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Alias	Race W
Name (Last, First, Middle) <b>Henick, Robert, Mann</b>					Sex M
Charge Description <b>BATTERY ON ELDER</b>	784.08 (2c)	Charge Description			Date of Birth 11/28/1946
Charge Description		Charge Description			
Victim's Name (Last, First, Middle)					Race
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation

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 committed the below acts, resulting from my (describe) investigation.  
 On the 27TH day of SEPTEMBER 2019 at 14:35  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On 09/27/2019 I responded to a battery at \_\_\_\_\_ in \_\_\_\_\_. The victim, \_\_\_\_\_ was at her friend's house at the above listed address. The suspect who is the brother of the resident showed up unannounced and opened the locked front door with a key. The actual residence is owned by the father of the resident and not her brother, the suspect. The suspect when confronted by \_\_\_\_\_ told him to leave as he was not welcome. The brother and sister have not spoken for over 2 years. A verbal argument between the suspect and \_\_\_\_\_ ensued and she threatened to call the Police. \_\_\_\_\_ stated the suspect became irate and pushed he pushed her so hard she almost fell to the ground. She stated she was uninjured and refused Rescue. \_\_\_\_\_ who stated she has known the suspect for 15 years stated she wished to press charges and completed a sworn written victim statement. The witness and sister of the suspect witnessed the battery and also completed a sworn witness statement. Their was a third witness, the sister's nurse who also witnessed it but did not wish to complete a statement or get involved. Based on my investigation, Robert Henick who returned to the scene was placed into custody for violating Florida State Statue 784.08 (2c), battery on an elder as the victim is 65 years in age. Henick when interviewed confessed to the unwanted touching however he stated he was pushed in his chest twice. I could not confirm that this occurred. Nothing further to report.

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
 R. JAQUES  
 (Signature of Arresting/Investigative Officer)  
 The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of SEPTEMBER 2019 by D/S SHACKELFORD/9709  
 (Print Name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO  
 Notary Public/Clerk of Court, Officer (F.S.S. 117.10)

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SCANNED  
 SEP 28 2019



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	2, 3
	<input type="checkbox"/>	33119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

**REVIEW COMPLETED BY**

Booking Number: 2019031584	Date: 09/28/2019
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
**SEP 28 2019**