

J# 05070019MM-456283 PG# 1118

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 19-005883	
	Charge Type: <input 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		If Weapon Seized <input type="checkbox"/> Enter Type None/not Applicable		Multiple Clearance Indicator 2			
	Location of Arrest (Including Name of Business) 1001 E ATLANTIC AVE, DELRAY BEACH, FL				Location of Offense (Business Name, Address) 1001 E ATLANTIC AVE, DELRAY BEACH, FL 33483			
D E F E N D A N T	Date of Arrest 04/13/2019	Time of Arrest 03:17	Booking Date 04/13/2019	Booking Time 03:34	Jail Date	Jail Time	Location of Vehicle N/A	
	Name (Last, First, Middle) SIMON, ROBERT MASON				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White				Sex M	Date of Birth 03/26/1993	Height 6'02	Weight 180
C O D E R E F	Marital Status S				Religion NOT INDICA			
	Local Address (Street, Apt. Number) 1344 SW 3RD CT, FORT LAUDERDALE, FL 33312				Phone (407) 259-8274			
	Permanent Address (Street, Apt. Number) 1344 SW 3RD CT, FORT LAUDERDALE, FL 33312				Phone (407) 259-8274			
J U V E N I L E	Business Address (Name, Street) 1344 SW 3RD CT, FORT LAUDERDALE, FL 33312				Occupation FL/DL			
	DL Number, State S550773931060 / FL		Soc. Sec. Number [REDACTED]		Place of Birth (City, State) SANFORD, FL, United		Citizenship US	
	Co-Defendant Name (Last, First, Middle)				Race Sex Date of Birth			
N O T I C E T O A P P E A R	Co-Defendant Name (Last, First, Middle)				Race Sex Date of Birth			
	Parent <input type="checkbox"/> Other: _____				Residence Phone			
	Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number) _____ (City) (State) (Zip)				Business Phone			
A D M I N I S T R A T I O N	Notified by: (Name)				Date		Time	
	Released To: (Name)				Relationship		Date	
	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 355-2526) informed of any change of address.				School Attended		Grade	
C H A R G E	Drug Activity <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				Description of Property BARRICADES		Value of Property \$400	
	Charge Description CRIMINAL MISCHIEF-OVER \$200 UNDER \$1000				Statute Violation Number 806.13(1B2)		Violation of ORD #	
	Charge Description DISORDERLY INTOXICATION				Statute Violation Number 856.011		Violation of ORD #	
I N T A K E	Charge Description				Statute Violation Number		Violation of ORD #	
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number						Bond	
	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
N O T I C E T O A P P E A R	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By	
	Transported By				Date Transported		Time Transported	
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 05/09/2019 08:30:00	
A D M I N I S T R A T I O N	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) NON COMPLIANT		Date Signed 4/13/19	
	HOLD for Other Agency				Signature of Arresting Officer 1094		Name Verification (Printed by Arrestee)	
	Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>				Name of Arresting Officer (Print) PIMENTEL, LOISE A		ID # 1094	
A D M I N I S T R A T I O N	Transporting Officer PIMENTEL				ID # 1094		Agency DBPD	
	Witness here if subject signed with an "X"						PAGE 1 OF 1	

APR 13 AM 5:04
APR 16 2019

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 19-005883						
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		Special Notes:					
Name (Last, First, Middle) SIMON, ROBERT MASON		Alias		Race W		Sex M		Date of Birth 03/26/1993	
Charge Description 856.011 DISORDERLY INTOXICATION		Charge Description 806.13(1B2) CRIMINAL MISCHIEF-OVER \$200 UNDER \$100							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle) BOBS BARRICADES,		Race		Sex		Date of Birth			
Local Address (Street, Apt. Number) 750 SW 17TH AVE, DELRAY BEACH, FL 33444		(City)		(State)		(Zip)		Phone (800) 432-5031	
Business Address (Name, Street)		(City)		(State)		(Zip)		Occupation (561) 272-8487	
<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.</p> <p>The Person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by MICHAEL JOHNSON who told THIS OFFICER that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 13 day of April, 2019 at 03:17 (Specifically include facts constituting cause for arrest.)</p>									
<p>This incident occurred in the City of Delray Beach, Palm Beach County, FL.</p> <p>On 04/13/19, at approximately 0317 hours, I responded to the area of 1001 E Atlantic Ave regarding a drunk white male causing a disturbance. Witness, Michael Johnson, advised officers that he observed as the white male, later identified as Robert Mason Simon started drunkenly yelling, banging on nearby businesses windows/doors and running frantically around the parking lots and roads. Johnson also stated that he observed as Simon started beating two (2) road barricades with his fists. I then made contact with Simon who stated that he had been drinking throughout the night due to a wedding.</p> <p>The following should be noted: Simon's clothing was extremely disheveled and ripped and, he had a strong odor of an unknown alcoholic beverage emanating from his person. Furthermore, several people had already formed around Simon and the business prior to law enforcement arrival and continued to gather as police arrived. Upon my arrival, I noticed two traffic barricades belonging to Bob's Barricades down on the floor bent and damaged. These barricades are valued at approximately \$200 US dollars each, for a total damage of \$400 dollars. Ofc. Worrell #1176 made contact with Johnson and obtained a sworn recorded statement on her Body Worn Camera.</p> <p>Based upon the above stated facts, Probable Cause exists to charge Robert Mason Simon with one count of Disorderly Intoxication in violation of FSS 856.011 and one count of Criminal Mischief - Over \$200 Under \$1000 in violation of FSS 806.13(1B2).</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>DS GDS 7622</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>4-13-19</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>1094</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>PIMENTEL, LOISE A (1094)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>04/13/2019</p> <p>DATE</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>COURT</p> <p>STATE ATTORNEY</p> <p>CENTRAL RECORDS</p> <p>JAIL</p> <p>CRIME ANALYSIS</p> <p>APR 16 2019</p> </div> <div style="width: 45%; text-align: right;"> <p>PAGE 1 OF 1</p> <p>P.O.</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.O.

APR 16 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	<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 type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019012297	Date: 04/14/2019
	Specialist Name/ID: AM/31562

RECEIVED
APR 16 2019