

JH 05070019MM-456283 PGH 118

ARREST / NOTICE TO APPEAR									
OFTS Number				1. Arrest				1 JUVENILE	
Agency ORI Number 0500400				2. N.I.A.				2. Request for Warrant	
Agency Name Delray Beach Police Department				3. Request for Capts				3. Multiple Clearance Indicator	
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				4. Request for Capts				4. Request for Capts	
Location of Arrest (Including Name of Business) 1001 E ATLANTIC AVE, DELRAY BEACH, FL				If Weapon Seized				Multiple Clearance Indicator	
Date of Arrest 04/13/2019		Time of Arrest 03:17		Booking Date 04/13/2019		Booking Time 03:34		Agency Report Number (N.T.A.'s only) 410 19-005883	
Jail Date		Jail Time		Location of Vehicle N/A		Enter Type None/not Applicable			
Name (Last, First, Middle) SIMON, ROBERT MASON Alias:									
Race W - White <input type="checkbox"/> I - American Indian <input type="checkbox"/> W		Sex M		Date of Birth 03/26/1993		Height 6'02		Weight 180	
B - Black <input type="checkbox"/> O - Oriental/Asian								Eye Color BROWN Hair Color BROWN	
Complexion FAIR Build MEDIUM									
Scar, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Local Address (Street, Apt. Number) 1344 SW 3RD CT, FORT LAUDERDALE, FL 33312		(City)		(State)		(Zip)		Marital Status S Religion NOT INDICA	
								Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
								Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
								Residence Type 1. City 3. Florida 2. County 4. Out of State 3	
Permanent Address (Street, Apt. Number) 1344 SW 3RD CT, FORT LAUDERDALE, FL 33312		(City)		(State)		(Zip)		Phone (407) 259-8274	
								Address Source	
Business Address (Name, Street) S550773931060 / FL		(City)		(State)		(Zip)		Phone (407) 259-8274	
								Occupation FL/DL	
DL Number, State S550773931060 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SANFORD, FL, United		Citizenship US	
Co-Defendant Name (Last, First, Middle)									
				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)									
				Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)									
Legal Custodian _____ Residence Phone									
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone									
Notified by: (Name) Date Time JUVENILE DISPOSITION									
Released To: (Name) Relationship Date Time									
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. I. Handled/Processed within Department and Released 2. TOT/JAC 3. Aggravated									
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.									
Phone 355-2526 informed of any change of address.									
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Description of Property BARRICADES Value of Property \$400									
C O D E R E D Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturates H. Hallucinogens P. Paraphernalia/ U. Unknown N. N/A D. Deliver E. Use Distribute Produce/ Cultivate N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other F. Possess T. Traffic E. Use A. Amphetamine E. Heroin									
Charge Description CRIMINAL MISCHIEF-OVER \$200 UNDER \$1000 Statute Violation Number 806.13(1B2) Violation of ORD #									
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capts Number Bond OR									
C H A R G E Charge Description DISORDERLY INTOXICATION Statute Violation Number 856.011 Violation of ORD #									
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capts Number Bond OR									
C H A R G E Charge Description Statute Violation Number Violation of ORD #									
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capts 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 Explain:									
I N T A K E 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 <input type="checkbox"/> PROPERTY - Received By Released By Released To 2019									
Transported By Date Transported Time Transported Other									
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444									
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court Court Date and Time 05/09/2019 08:30:00									
but must comply with instructions on Page 2.									
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.									
Non Compliant 4/13/19 Date Signed 8:58									
Signature of Defendant (or Juvenile and Parent/Custodian)									
A D M I N I S T R A T I O N HOLD for Other Agency				Signature of Arresting Officer (1094)				Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other								(PRINT)	
Name of Arresting Officer (Print) PIMENTEL, LOISE A				I.D. # 1094				PAGE	
Transporting Officer I.D. # 1094				Agency DBPD				1 of 1	
Witness here by subject signed with an "X".									

APR 13 AM 5:00  
APR 16 2019

PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE		
A D M N	OBTS Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 19-005883</b>					
D E F	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:				
D E F	Name (Last, First, Middle) <b>SIMON, ROBERT MASON</b>	Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/26/1993</b>		
D H A R G E S	Charge Description <b>856.011 DISORDERLY INTOXICATION</b>	Charge Description <b>806.13(1B2) CRIMINAL MISCHIEF-OVER \$200 UNDER \$100</b>						
V I C T I M	Charge Description	Charge Description						
P R O B A B L E	Victim's Name (Last, First, Middle) <b>BOBS BARRICADES,</b>			Race <b>W</b>	Sex <b>S</b>	Date of Birth		
P R O B A B L E	Local Address (Street, Apt. Number) <b>750 SW 17TH AVE, DELRAY BEACH, FL 33444</b>	(City) <b></b>	(State) <b></b>	(Zip) <b></b>	Phone <b>(800) 432-5031</b>	Address Source		
P R O B A B L E	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone <b>(561) 272-8487</b>	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.</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 <b>MICHAEL JOHNSON</b> who told <b>THIS OFFICER</b> 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 <b>13</b> day of <b>April</b>, <b>2019</b> at <b>03:17</b> (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>								
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME   <b>DS Colb 7622</b>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>4-13-19</b>  DATE </p>				<p><i>1094</i>  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>PIMENTEL, LOISE A (1094)</b>  NAME OF OFFICER (PLEASE PRINT)  <b>04/13/2019</b>  DATE </p>			
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL	CRIME ANALYSIS P. I. O.	



**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/F 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 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"/>		
	<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

APR 16 2019