

0529817

22cf1709<sub>MC</sub>

3030

OBTS Number			ARREST / NOTICE TO APPEAR								
Agency ORI Number <b>0500200</b>			Agency Name <b>Boca Raton Police Department</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			Agency Report Number (N.T.A.'s only) <b>3 1 2 2022-002736</b>			1. Arrest (No Warrant) 6. Arrest (Warrant) 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral					
Location of Arrest (Including Name of Business) <b>1291 SW 8TH ST, BOCA RATON, 1291 SW 8TH ST, BOCA RATON,</b>			Location of Offense (Business Name, Address) <b>1291 SW 8TH ST, BOCA RATON, FL 33486</b>			If Weapon Seized <b>UNARMED</b>					
Date of Arrest <b>02/28/2022</b>		Time of Arrest <b>22:24</b>		Booking Date <b>02/28/2022</b>		Booking Time <b>22:34</b>		Jail Date <b>02/28/2022</b>		Jail Time <b>23:15</b>	
Name (Last, First, Middle) <b>WINBORN, ANTHONY BRIAN</b>											
Alias: <b>Alias:</b>											
Race W - White B - Black		Sex <b>W M</b>		Date of Birth <b>06/14/1965</b>		Height <b>6'00</b>		Weight <b>190</b>		Eye Color <b>BLUE</b>	
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>None</b>										Hair Color <b>BLACK</b>	
Marital Status <b>M</b>		Religion <b>NONE</b>								Complexion <b>MEDIUM</b>	
Local Address (Street, Apt. Number) <b>1291 SW 8TH ST, BOCA RATON, FL 33486</b>		(City) <b>1291 SW 8TH ST, BOCA RATON, FL 33486</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 542-2376</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>1291 SW 8TH ST, BOCA RATON, FL 33486</b>		(City) <b>1291 SW 8TH ST, BOCA RATON, FL 33486</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 542-2376</b>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Business Address (Name, Street) <b>UNEMPLOYED,</b>		(City) <b>UNEMPLOYED,</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 542-2376</b>		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
D/L Number, State <b>WS16002652140 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>TITUSVILLE, FL</b>		Address Source <b>DEFENDANT</b>		Occupation	
D/L Number, State <b>WS16002652140 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>TITUSVILLE, FL</b>		Citizenship <b>US</b>		Residence Phone	
Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>				Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>				Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>	
Parent <input type="checkbox"/> Other <input type="checkbox"/> _____ Name (Last, First, Middle) <b>[REDACTED]</b>										Residence Phone	
Legal Custodian <b>[REDACTED]</b>										Business Phone	
Address (Street, Apt. Number) <b>[REDACTED]</b>		(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>		(Zip) <b>[REDACTED]</b>					
Notified by: (Name) <b>[REDACTED]</b>						Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>				Grade	
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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: <b>[REDACTED]</b>											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Description of Property	
										Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle 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 O. Opium/Deriv.	
										P. Paraphernalia/ Equipment S. Synthetic	
										U. Unknown Z. Other	
Charge Description <b>MISUSE OF LASER LIGHTING DEVICES</b>										Statute Violation Number <b>784.062(3A)</b>	
Drug Activity <b>N</b>		Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number	
Charge Description <b>ALTER DESTROY CONCEAL REMO REC DOC PHYS EVIDEN</b>										Statute Violation Number <b>918.13(1A)</b>	
Drug Activity <b>N</b>		Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number	
Charge Description <b>GOOD</b>										Statute Violation Number	
Health - Apparent Physical Condition of Defendant <b>GOOD</b>										Violation of ORD #	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>HEART MEDICATION</b>	
Transported By <b>Williams, David</b>										Released By <b>NONE</b>	
										Released To <b>NONE</b>	
										Date Transported <b>03/02/2022</b>	
										Time Transported <b>0101</b>	
										Other	
										Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
										Court Date and Time	
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										No Photo Available	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO PAY 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										Signature of Defendant (or Juvenile and Parent/Custodian)	
SCANNED <b>MAR 01 2022</b>										Date Signed	
HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>								Name Verification (Printed by Arrestee)	
										(PRINT)	
ADMINISTRATIVE Initials <b>Williams 7930</b>		Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>		Resisted Arrest <input type="checkbox"/>		Name of Arresting Officer (Print) <b>HARRISON, D. M.</b>		I.D. # <b>856</b>		Transporting Officer <b>BRPD</b>	
										Agency	
										PAGE <b>1 OF 1</b>	
										Witness here if subject signed with an "X"	

## PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number	PROBABLE CAUSE AFFIDAVIT			Agency Report Number <b>3   2   2022-002736</b>	Special Notes:		
	Agency ORI Number <b>FL FL0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> as apply.	3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>			5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
D E F	Name (Last, First, Middle) <b>WINBORN, ANTHONY BRIAN</b>			Alias		Race <b>W</b> Sex <b>M</b> Date of Birth <b>06/14/1965</b>		
C H A R G E S	Charge Description <b>784.062(3A) MISUSE OF LASER LIGHTING DEVICES</b>		Charge Description <b>918.13(1A) ALTER DESTROY CONCEAL REMO REC DOC PHYS</b>					
	Charge Description		Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) <b>BROWARD COUNTY SHERIFF,</b>					Race Sex Date of Birth		
	Local Address (Street, Apt. Number) <b>2601 W BROWARD BLVD, FT LAUDERDALE, FL 33312</b>			(City)	(State)	(Zip)	Phone <b>(954) 831-8900</b>	Address Source
	Business Address (Name, Street) <b>BROWARD COUNTY SHERIFF'S OFC E</b>			(City)	(State)	(Zip)	Phone <b>(954) 831-8200</b>	Occupation
<p>The undersigned certifies and swears that he/she has just and resonable 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 checked="" type="checkbox"/> confessed to <u>OFC HARRISON</u> admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by <u>BSO PAPA UNIT</u> <u>OFC HARRISON</u> that he/she saw the arrested person committ 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 <u>28</u> day of <u>February</u>, <u>2022</u> at <u>22:24</u> (Specifically include facts constituting cause for arrest.)</p>								
<p><b>Victim 2: State of Florida</b></p> <p>On 02/28/2022 at approximately 2202 hours, I responded to 1291 SW 8th St in reference to assisting Broward Sheriff's Office.</p> <p>BSO advised that they were working a robbery investigation in Deerfield Beach, FL and someone from the above address was shining a green laser light at their helicopter (Papa) unit, causing issues for the aircraft. BSO has video surveillance of the male shining his laser at their helicopter, which was submitted into BRPD evidence. BSO described the suspect responsible as a white male wearing a brown shirt and blue camo pants, standing outside with a female. BSO Papa Unit shined their spotlight on the above address multiple times to indicate that this is where the suspect was shining the laser at their helicopter.</p> <p>I then noticed a male matching this description, later identified by his FL DL to be Anthony Winborn, standing out front of this address. I approached him and asked him what was going on. I then detained Winborn in handcuffs, checked for tightness and proper fit. I then brought him to my marked police vehicle where I read Winborn his Florida Constitutional Warnings from a preprinted card issued by BRPD. Winborn acknowledged he understood his Constitutional Warnings and agreed to speak with me without an attorney present.</p> <p>I then asked him what he had been doing with the laser. He advised that he was aware there was a helicopter flying around outside, and he wanted to have some fun just playing around. He admitted to shining the laser at the helicopter a few times. He also stated he was aware that shining a laser at someone, including a helicopter, can blind a person and cause them to crash. I then asked him where the laser was, and he advised it was in the neighbor's bushes. I asked him why the laser was in the bushes, and he</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME					 <b>KINGMAN, DARRYL</b> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>		
	<u>02/28/2022</u> <small>DATE</small>							
					<small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> <b>HARRISON, DANIELLE MARIE (856)</b> <small>NAME OF OFFICER (PLEASE PRINT)</small>			
					<u>02/28/2022</u> <small>DATE</small>			
ADMINISTRATIVE		<small>PAGE</small> <b>1 OF 2</b>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL FL0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-002736</b>					
N	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:				
D E F	Name (Last, First, Middle) <b>WINBORN, ANTHONY BRIAN</b>	Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/14/1965</b>	
<p>stated he knew he was in trouble, and he was trying to hide it. Ofc De La Rua retrieved the laser, which we confirmed shined a green light, from the neighbor's bushes. The laser was submitted into BRPD evidence. I then advised Winborn that he was being placed under arrest for shining his laser at the helicopter.</p> <p>Based upon Winborn's statements and video surveillance from BSO, I have arrested Anthony Winborn for Misuse of Laser Lighting Devices pursuant to F.S.S. 784.062(3) (a) and for Tampering with Evidence pursuant to F.S.S 918.13(1) (a).</p>								
<b>PROBABLE CAUSE STATEMENT</b> <b>NOT A CERTIFIED COPY</b>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>KINGMAN, DARRYL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>02/28/2022</b> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>HARRISON, DANIELLE MARIE (856)</b> NAME OF OFFICER (PLEASE PRINT) <b>02/28/2022</b> DATE			
					PAGE <b>2 OF 2</b>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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

	<b>Florida State Statute</b>	<b>Description</b>	<b>Page Number(s)</b>
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"/>	Other:	
Other	<input type="checkbox"/>	Other:	

**REVIEW COMPLETED BY**

Booking Number: 2022005522	Date: 3/1/2022
	Specialist Name/ID: S.Evans/23872