



# Arrest Report

ST AUGUSTINE POLICE DEPARTMENT  
151 KING ST. ST. AUGUSTINE FL 32084

Report Date / Time <b>8/24/2023 01:59 PM</b>	Report Number <b>SAPDCHG0002911M</b>	Case Number/Cad Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Occur Date Time Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	
OBTS Number <b>5504042999</b>	Other Number <b>23-4424</b>	Clearance	

### Location of Occurrence

County <b>ST. JOHNS</b>	Location Type <b>BUSINESS</b>	Location Description <b>UNITED WAY</b>			
Street Number <b>117</b>	Street <b>Bridge St</b>	Apt/Lot/Bldg	City <b>SAINT AUGUSTINE</b>	State <b>FL</b>	Zip Code <b>32084</b>

### Suspect

First Name <b>MAXWELL</b>	Middle Name <b>CROSBY</b>	Last Name <b>AZZARELLO</b>	Suffix	Race <b>WHITE</b>	Sex <b>MALE</b>	Height <b>504</b>	Weight <b>160</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>
MNI # <b>SJSO23MNI013550</b>	SSN [REDACTED]	Date of Birth <b>04/11/1987</b>	Age <b>36</b>	ID Type <b>E</b>	Drivers License or other ID <b>A264543871310</b>	State <b>FL</b>	OCA / Agency ID <b>103296</b>		
Place of Birth: <b>LOS ANGELES CA UNITED STATES</b>		Address <b>* RESIDENCE / 260 SAINT GEORGE STREET 11, SAINT AUGUSTINE, FL 32084 /</b>							

### Arrest

Arrest Date/Time <b>8/24/2023 1:31:24 PM</b>	Arrest Location Type <b>BUSINESS</b>	Arrest Location Description <b>UNITED WAY</b>				
Street Number <b>117</b>	Street <b>Bridge St</b>	Apt/Lot/Bldg	County <b>ST. JOHNS</b>	City <b>SAINT AUGUSTINE</b>	State <b>FL</b>	Zip Code <b>32084</b>

### Charge :

Counts <b>1</b>	Charge <b>806.13.1b1</b>	Bond Amount <b>\$0.00</b>	<input type="checkbox"/> No Bond
Charge Degree <b>S</b>		Charge Level <b>MISDEMEANOR</b>	
General Offense Code <b>COMMITTED</b>		Arrest Offense Code <b>DAMAGE PROP-CRIM MISCH</b>	
Charge Description <b>200 DOLS AND UNDER</b>			
Administrative Code - Description <b>-</b>			

### Probable Cause

The undersigned certifies and swears that there is probable cause to believe Maxwell Crosby Azzarello, who was positively identified by his Florida driver's license photograph, on the 24th day of August, 2023, at approximately 1331 hours  A.M.  P.M. at 117 Bridge Street within St. Johns County, violated the law and did then and there:

### Arrest Report

Report Date / Time 8/24/2023 01:59 PM	Report Number SAPDCHG0002911M	Case Number/Cad Number SAPD23OFF002019 / SJSO23CAD209444	Reporting Officer Name GODFREY, JACOB
Originating Agency ORI FL0550100	Occur Date Time Range 08/24/2023 12:43:00 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

did willfully and maliciously injure or damage, or place graffiti thereon, or commit an act of vandalism to signs on the property of 117 Bridge Street, United Way, contrary to Florida Statute 806.13(1)(a) and (b)1.

Defendant was on video surveillance writing on the sign that is affixed to the building of 117 Bridge Street, United Way. Defendant also wrote on the small sign that is on the front of the "Little Free Library" that is also on the property of 117 Bridge Street. Defendant was also observed taking a construction sign from the property of 115 Bridge Street and defacing it before breaking the sign. Defendant then went to the area of Bridge Street and Weeden Street and climbed into the bed of someone's pickup truck and was going through her belongings. Defendant was only charged with the one count of criminal mischief due to United Way being the only victim that wished to pursue charges.

I know this to be true based on statements given to me by witnesses and by my own observations.

Citation No.

Domestic Violence:

Probation:  Yes  No If yes, Location: \_\_\_\_\_ Sexual Predator:  Yes  No

English:  Yes  No \_\_\_\_\_ Deaf/Mute:  Yes  No

Attachments, Statements:  Traffic Citations:  DUI:

#### Jail Booking Facility

Booking Date/Time	Booking County ST. JOHNS	Booking Facility ST. JOHNS COUNTY JAIL	Booking Facility Phone 904-824-8304
Booking Facility Location 3955 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084			Booking Number
Booking Comments			

#### Court


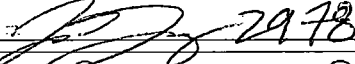
Court County ST. JOHNS	Court Location 4010 LEWIS SPEEDWAY ST AUGUSTINE, FLORIDA 32084		
Court ST JOHNS COUNTY COURT	Court Phone (904) 819-3600	Court Appearance Date / Time	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
GODFREY, JACOB PATROLMAN P2978	REPORTING OFFICER	ST AUGUSTINE POLICE DEPARTMENT SAPDIPATROL

Report Date / Time 8/24/2023 01:59 PM	Report Number SAPDCHG0002911M	Case Number/Cad Number SAPD23OFF002019 / SJSO23CAD209444	Reporting Officer Name GODFREY, JACOB
Originating Agency ORI FL0550100	Occur Date Time Range 08/24/2023 12:43:00 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

**Reporting Officer**

Officer Name GODFREY, JACOB	Office Rank PATROLMAN	Officer ID No P2978	Sworn and subscribed before me, the undersigned authority This the <u>24</u> day of <u>August</u> , <u>2023</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency ST AUGUSTINE POLICE DEPARTMENT			 _____ Signature of Assistant State Attorney
Officer Signature 			

No Bill / Petition    
 Issue Warrant    
 Prosecution Approved

Signature of Assistant State Attorney

Date



# FIBRS Incident Report

ST AUGUSTINE POLICE DEPARTMENT  
151 KING ST. ST. AUGUSTINE FL 32084

Report Date / Time <b>8/24/2023 1:59:57 PM</b>	Report Number <b>SAPD23OFF002019 (02)</b>	Report Case/CAD Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Rank / ID <b>PATROLMAN / P2978</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

## LOCATION(S)

County <b>ST. JOHNS</b>	Location Type <b>INCIDENT LOCATION</b>	Location Description <b>united way</b>						
Street Number <b>117</b>	Street <b>Bridge St</b>	Apt/Lot/Bldg	City <b>SAINT AUGUSTINE</b>	State <b>FL</b>	Zip Code <b>32084</b>	Phone Number	Ext.	

## Person: SUSPECT

First Name <b>MAXWELL</b>	Middle Name <b>CROSBY</b>	Last Name <b>AZZARELLO</b>	Suffix	Race <b>WHITE</b>	Sex <b>MALE</b>	Height <b>504</b>	Weight <b>160</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>
MNI # <b>SJSO23MNI013550</b>	SSN [REDACTED]	Date of Birth <b>04/11/1987</b>	Age <b>36</b>	ID Type <b>E</b>	Drivers License or other ID <b>A264543871310</b>	State <b>FL</b>	OCA / Agency ID <b>103296</b>		
Place of Birth:	<b>LOS ANGELES, CA, UNITED STATES</b>								
Addresses • <b>Residence / 260 SAINT GEORGE STREET 11, SAINT AUGUSTINE, FL 32084 /</b>									

## Person: OTHER PERSON

First Name <b>MARK</b>	Middle Name <b>DOUGLAS</b>	Last Name <b>LEMAIRE</b>	Suffix	Race <b>WHITE</b>	Sex <b>MALE</b>	Height <b>602</b>	Weight <b>0</b>	Hair	Eyes
MNI # <b>SJSO18MNI025873</b>	SSN	Date of Birth <b>01/27/1973</b>	Age <b>50</b>	ID Type	Drivers License or other ID <b>L560544730270</b>	State <b>FL</b>	OCA / Agency ID		
Place of Birth:									
Addresses • <b>Business / 117 BRIDGE ST, SAINT AUGUSTINE, FL 32084 / 904-673-9000</b>									

## Business: VICTIM

Business Name <b>UNITED WAY OF ST JOHNS</b>	MBI # <b>SAPD23MBI000002</b>	Phone Number 1 <b>(904)829-9721</b>	Ext 1	Phone Number 2	Ext 2	
County <b>ST. JOHNS</b>	Street Number <b>117</b>	Address <b>BRIDGE STREET</b>	Apt/Lot/Bldg	City <b>ST AUGUSTINE</b>	State <b>FL</b>	Zip Code <b>32085</b>
Other Information						

Report Date / Time <b>8/24/2023 1:59:57 PM</b>	Report Number <b>SAPD23OFF002019 (02)</b>	Report Case/CAD Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Rank / ID <b>PATROLMAN / P2978</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

**Charge**

Counts <b>1</b>	Charge <b>806.13.1b1</b>	Arrest Offense Code Description <b>DAMAGE PROP-CRIM MISCH</b>		
Charge Degree <b>S</b>	Charge Level <b>MISDEMEANOR</b>	General Offense Code <b>COMMITTED</b>		
Charge Description <b>200 DOLS AND UNDER</b>				

**Property: DAMAGED / DESTROYED ARTICLE Evidence Exhibit Number:**

Article Code <b>SIGN</b>	Article Type <b>Other (Article)</b>	Article Brand <b>UNITED WAY</b>	Model	
Serial Number	Owner Applied Number	Quantity <b>1</b>	Quantity Type <b>EACH</b>	Total Value (\$) <b>\$100.00</b>
HazMat Lot Number	HazMat Partial Lot Indicator	HazMat United Nations Number	HazMat Container	
Description <b>HANDICAP/ADA SIGN ON BUILDING OF 117 BRIDGE ST</b>				
Owner Type <b>BUSINESS</b>	Property Owner <b>UNITED WAY OF ST JOHNS (VICTIM)</b>	Property Released To Person	Property Released By Officer	

**Property: DAMAGED / DESTROYED ARTICLE Evidence Exhibit Number:**

Article Code <b>SIGN</b>	Article Type <b>Other (Article)</b>	Article Brand <b>LITTLE FREE LIBRARY</b>	Model <b>CHARTER SIGN</b>	
Serial Number	Owner Applied Number	Quantity <b>1</b>	Quantity Type <b>EACH</b>	Total Value (\$) <b>\$39.95</b>
HazMat Lot Number	HazMat Partial Lot Indicator	HazMat United Nations Number	HazMat Container	
Description <b>LITTLE FREE LIBRARY OFFICIAL CHARTER SIGN</b>				
Owner Type <b>BUSINESS</b>	Property Owner <b>UNITED WAY OF ST JOHNS (VICTIM)</b>	Property Released To Person	Property Released By Officer	

**Property: EVIDENCE ARTICLE Evidence Exhibit Number:**

Article Code <b>OTHER REGULATED MATERIALS (MISCELLANEOUS DANGEROUS SUBST</b>	Article Type <b>Office Equipment</b>	Article Brand <b>SHARPIE</b>	Model	
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Report Date / Time <b>8/24/2023 1:59:57 PM</b>	Report Number <b>SAPD23OFF002019 (02)</b>	Report Case/CAD Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Rank / ID <b>PATROLMAN / P2978</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

Serial Number	Owner Applied Number	Quantity <b>5</b>	Quantity Type <b>EACH</b>	Total Value (\$)
HazMat Lot Number	HazMat Partial Lot Indicator	HazMat United Nations Number	HazMat Container	
Description <b>ORANGE, TEAL, GREEN, AQUA, AND BROWN SHARPIES</b>				
Owner Type <b>PERSON</b>	Property Owner <b>MAXWELL CROSBY AZZARELLO (SUSPECT)</b>	Property Released To Person	Property Released By Officer	

**Narrative: PROBABLE CAUSE**

Narrative Date/Time <b>8/24/2023 2:25:31 PM</b>	Narrative Synopsis
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Reporting Officer <b>GODFREY, JACOB</b>	Officer Rank <b>PATROLMAN</b>	Officer ID No <b>P2978</b>	Officer Org/Unit <b>SAPDIPATROL</b>
Officer Signature	Officer Agency <b>ST AUGUSTINE POLICE DEPARTMENT</b>		

The undersigned certifies and swears that there is probable cause to believe Maxwell Crosby Azzarello, who was positively identified by his Florida driver's license photograph, on the 24th day of August, 2023, at approximately 1331 hours  A.M.  P.M. at 117 Bridge Street within St. Johns County, violated the law and did then and there:

did willfully and maliciously injure or damage, or place graffiti thereon, or commit an act of vandalism to signs on the property of 117 Bridge Street, United Way, contrary to Florida Statute 806.13(1)(a) and (b)1.

Defendant was on video surveillance writing on the sign that is affixed to the building of 117 Bridge Street, United Way. Defendant also wrote on the small sign that is on the front of the "Little Free Library" that is also on the property of 117 Bridge Street. Defendant was also observed taking a construction sign from the property of 115 Bridge Street and defacing it before breaking the sign. Defendant then went to the area of Bridge Street and Weeden Street and climbed into the bed of someone's pickup truck and was going through her belongings. Defendant was only charged with the one count of criminal mischief due to United Way being the only victim that wished to pursue charges.

I know this to be true based on statements given to me by witnesses and by my own observations.

Citation No.  
Domestic Violence:   
Probation:  Yes  No If yes, Location: \_\_\_\_\_ Sexual Predator:  Yes  No

Report Date / Time <b>8/24/2023 1:59:57 PM</b>	Report Number <b>SAPD23OFF002019 (02)</b>	Report Case/CAD Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Rank / ID <b>PATROLMAN / P2978</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

English:  Yes  No \_\_\_\_\_ Deaf/Mute:  Yes  No  
 Attachments, Statements:  Traffic Citations:  DUI:

**Narrative: INITIAL**

Narrative Date/Time <b>8/24/2023 6:14:34 PM</b>		Narrative Synopsis		
Reporting Officer <b>GODFREY, JACOB</b>	Officer Rank <b>PATROLMAN</b>	Officer ID No <b>P2978</b>	Officer Org/Unit <b>SAPD\PATROL</b>	
Officer Signature		Officer Agency <b>ST AUGUSTINE POLICE DEPARTMENT</b>		

On today's date, August 24, 2023 at approximately 1247 hours, I responded to the area of Weeden Street and Bridge Street in reference to a suspicious person walking onto people's properties in the area.

Upon my arrival, Staff at United Way flagged me down and told me that someone had just destroyed a construction sign and left in on their property. Staff at United Way did not see the subject who did it and I advised them that someone else had called on Weeden street and that I would come back to meet with them. The original complainant then saw me and told me that the subject was at the corner of Weeden and De Haven walking east. Myself and Officer J. McCullough #P3008 then made contact with Maxwell Azzarello, Suspect, in the area of De Haven and Sanford Street. Azzarello was holding a pest control sign that was placed in someone's yard after the yard had been treated letting them know to keep pets and children of the lawn. Azzarello was misinterpreting the sign and was telling me that the pest control company was there to exterminate children and dogs. At the time, we did not have any victims and were unsure if Azzarello had committed any crimes so I began to read him Miranda warning and Azzarello did not wish to make a statement and walked away. I then went back to meet with United Way, but first talked to the original complainant who told me she saw Azzarello going up to other people's houses and that he even got into the bed of her pickup truck. The original complainant did not want to pursue charges, just wanted us to be aware of Azzarello's behavior.

I then made contact with United Way employees who had discovered that Azzarello had wrote in permanent marker on their handicap/ADA sign that is affixed to the building by their front door. Due to none of the employees actually seeing Azzarello commit the crime, staff began watching video surveillance to see if it captured the incident. The video surveillance did appear to be approximately one hour fast as it showed the time as 1336 hours, when it was really 1236 hours. Azzarello can be seen walking west on Bridge Street and stopping and the Little Free Library that belongs to United Way and is located by their driveway on Bridge Street. Azzarello first appears to be taking books out of the library and throwing them into the bushes that are in front of United Way. Azzaerllo then walks back east and then reappears with the construction sign from 115 Bridge Street that he defaced and destroyed. Azzarello then does something to the little library before

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Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

making his way up to the front door of United Way where he stops and writes on the sign by the front door with permanent marker. When contact was made with Azzarello prior to watching the video surveillance he was wearing the same hat, grey tank top, pants, and boots that he was seen wearing in the video surveillance. United Way president Mark LeMaire then told me that the business would like to pursue charges and that it would be between one and two hundred dollars to replace the sign by the front door. I then advised Officer McCullough who still had visual on Azzarello that we would have charges for criminal mischief and Officer McCullough secured Azzarello and transported him to my patrol vehicle. Azzarello was then placed under arrest for criminal mischief and transported to the St. John's County Jail without incident.

I did make contact with the construction manager at 115 Bridge Street who told me that neither he or the property owner cared to pursue charges for the sign Azzarello took from the property and destroyed. Photographs on the United Way signs that were vandalized were uploaded to evidence.com. United Way was also sent a Citizen Portal link to upload the video surveillance to. Azzarello's Sharpie markers were placed in evidence.

There is nothing further to report reference this case at this time.

**Officer: Approving Supervisor (Supplement 02)**

Officer Name <b>COLLINS, JEFFREY</b>	Officer Rank <b>SERGEANT</b>	Officer ID No <b>2903</b>	Officer Agency <b>ST AUGUSTINE POLICE DEPARTMENT</b>
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Approval Date / Time <b>8/25/2023 1:52:20 AM</b>	Officer Signature
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Sup #	Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
01	GODFREY, JACOB PATROLMAN P2978	REPORTING OFFICER	ST AUGUSTINE POLICE DEPARTMENT SAPDPATROL
02	COLLINS, JEFFREY SERGEANT 2903	APPROVING SUPERVISOR	ST AUGUSTINE POLICE DEPARTMENT SAPDIINVESTIGATIONS



Report Date / Time <b>8/24/2023 1:59:57 PM</b>	Report Number <b>SAPD23OFF002019 (02)</b>	Report Case/CAD Number <b>SAPD23OFF002019 / SJSO23CAD209444</b>	Reporting Officer Rank / ID <b>PATROLMAN / P2978</b>	Reporting Officer Name <b>GODFREY, JACOB</b>
Originating Agency ORI <b>FL0550100</b>	Reported to Agency Date <b>8/24/2023 12:43:00 PM</b>	Occur Date Range <b>08/24/2023 12:43:00 -</b>	Jurisdiction	Status: <b>CLOSED</b> Clearance: <b>ARREST</b>
Offense Description <b>1201 CRIMINAL MISCHIEF</b>				

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the narratives associated with this report:

**Officer: Reporting Officer (Supplement02)**

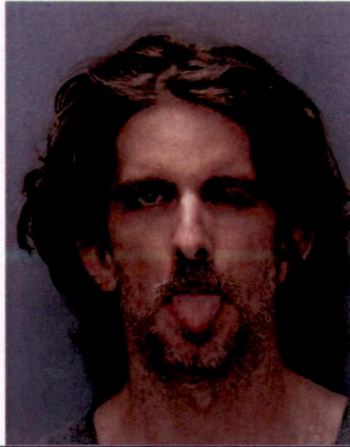
Officer Name <b>GODFREY, JACOB</b>	Office Rank <b>PATROLMAN</b>	Officer ID No <b>P2978</b>	Sworn and subscribed before me, the undersigned authority This the _____ day of _____, _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency <b>ST AUGUSTINE POLICE DEPARTMENT</b>	Officer Signature		



**ST. JOHNS COUNTY SHERIFF'S OFFICE**  
**AZZARELLO, MAXWELL CROSBY**  
**Booking Information**



High Profile     Suicidal     Escape Risk     Hold For:



**Booking #:** SJSO23JBN004424    **MNI:** SJSO23MNI013550    **Cell:** SJSO\*MED\*S09\*L  
**Address:** 260 ST. GEORGE STREET APT. 11 SAINT AUGUSTINE, FL 32084  
**Phone:** (516)965-9618    **DOB:** 04/11/1987    **BIRTHPLACE:** LOS ANGELES,,CA  
**CITIZENSHIP:** UNITED STATES    **FBI POB:** CA    **MARITAL STATUS:** Unmarried  
**RACE:** W    **SEX:** M    **HGT:** 504    **WGT:** 160    **HAIR:** BRO    **EYES:** BLU    **SSN:** [REDACTED]  
**FBI:**    **SID:**    **DL:** A264543871310    **STATE:** FL  
**Inmate Phone PIN::** 2301355013 4615

**Occupation:**    **Employer:** UNEMPLOYED    **Phone:**

**Booked:** 8/24/23 14:11    **Booked By:** BRICK, VICTORIA  
**Released:**    **Searched By:** VANDERMARK, SCOTT  
**Photo By:** VANDERMARK, SCOTT  
**Print By:** VANDERMARK, SCOTT

- I have been advised any property valued over \$100 is to be released or mailed at my own expense within five (5) days.
- I understand that my phone/canteen passcode are confidential and created by me. I will not share this number with anyone. I am fully responsible for all usage and monetary obligations associated with the passcode. SJSO is not responsible for loss of funds to my account.

\_\_\_\_\_  
 Inmate Signature

\_\_\_\_\_  
 Officer Signature

\_\_\_\_\_  
 Witness Signature

