

21CF3218

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 21-004831
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	Location of Offense (Business Name, Address) 8 E ATLANTIC AVE, DELRAY BEACH, FL 33444	Enter Type Hands/fist/feet/teeth Multiple Clearance Indicator 2
Location of Arrest (Including Name of Business) 8 E ATLANTIC AVE, DELRAY BEACH, FL 33444	Date of Arrest 04/17/2021	Time of Arrest 01:09
Booking Date 04/17/2021	Booking Time 01:31	Jail Date
Name (Last, First, Middle) SUPINO, ALEXIS ANN	Alias:	Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White A - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/29/1994
Height 5'01	Weight 120	Eye Color HAZE
Hair Color BROWN	Completion 1611	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status NOT INDICA	Religion
Local Address (Street, Apt. Number) 748 POST AVE, STATEN ISLAND, NY 10310	Phone (908) 346-3056	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 748 POST AVE, STATEN ISLAND, NY 10310	Phone (908) 346-3056	Residence Type: 1. City 2. County 3. Florida 4. Out of State 4
Business Address (Name, Street) 748 POST AVE, STATEN ISLAND, NY 10310	Phone	Occupation
D/L Number, State 892684794 / NY	Soc. Sec. Number	INS Number
Place of Birth (City, State) STATEN ISLAND, NY	Citizenship U.S.	
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	
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	
Name (Last, First, Middle)	Relationship	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Date	Time
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.		JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
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 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 - Opiate/Deriv. P - Paraphernalia/ Equipment S - Synthetic U - Unknown Z - Other	Statute Violation Number 784.07(2B)
Charge Description BATTERY ON OFFICER, FIREFIGHTER, EMT ETC	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Drug Activity N	Drug Type N	Amount / Unit /
Offense #	Warrant / Capias Number	Statute Violation Number 843.01
Charge Description RESIST OFFICER WITH VIOLENCE	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Drug Activity N	Drug Type N	Amount / Unit /
Offense #	Warrant / Capias Number	Statute Violation Number
Charge Description	Counts	Domestic Violence
Drug Activity	Drug Type	Amount / Unit
Offense #	Warrant / Capias Number	Statute Violation Number
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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Released to South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
Transported By	Date Transported 4/17/21	Time Transported
Other	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
Other	Court Date and Time	
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 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)		
Date Signed		
Name Verification (Printed by Arrestee)		
(PRINT)		
Name of Arresting Officer (Print) MORALES, WILLIAM		
I.D. # 1146		
Transporting Officer MORALES		
I.D. # 1146		
Agency DBPD		
Witness here if subject signed with an "X".		
HOLD for Other Agency		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		
I.D. #		
Pouch #		
Name of Arresting Officer (Print) MORALES, WILLIAM		
I.D. # 1146		
Agency DBPD		
Witness here if subject signed with an "X".		

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

0522738

APR 17 2021

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OETS 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 21-004831				
	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				
Name (Last, First, Middle) SUPINO, ALEXIS ANN		Aliases		Race W	Sex F	Date of Birth 08/29/1994			
C H A R G E S	Charge Description 784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC		Charge Description 843.01 RESIST OFFICER WITH VIOLENCE						
	Charge Description		Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) BARNES, TREMAYNE DEVON		Race B		Sex M	Date of Birth 04/13/1989			
	Local Address (Street, Apt. Number) 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444		(City) DELRAY BEACH		(State) FL		(Zip) 33444		Phone (561) 243-7800
B U S I N E S S	Business Address (Name, Street) DELRAY BEACH PD		(City) DELRAY BEACH		(State) FL		(Zip) 33444		Occupation POLICE OFFICER
	Business Address (Name, Street)		(City)		(State)		(Zip)		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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 17 day of April, 2021 at 01:06 (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 04/17/2021 I responded to 8 E Atlantic Ave (Tin Roof) in reference to a disturbance.</p> <p>Officer Barnes was working an off duty detail at Tin Roof. A female Alexis Ann Supino was being escorted out of the bar by Tin Roof security. Alexis began causing a disturbance with the security guards at which point Officer Barnes took control of her and advised her that she needed to leave and that he was going to escort her out. Alexis then pushed Officer Barnes in his chest at which point he grabbed her arm again. When Officer Barnes grabbed her arm the second time, Alexis used her hand and pushed Officer Barnes in the face. Officer Barnes then advised he took her to the ground at which point he placed her into handcuffs.</p> <p>Due to the above stated facts, I find probable cause to charge Alexis Ann Supino with Battery on Law Enforcement Officer pursuant to FSS 784.07(2B) and Resisting With Violence pursuant to FSS 843.01.</p>									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME								
	SCHMIDT, JAMES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/17/2021 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MORALES, WILLIAM (1146) NAME OF OFFICER (PLEASE PRINT) 04/17/2021 DATE						

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED CRIME ANALYSIS

P.I.O.

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**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021009264

Date: 4/17/21

Specialist Name/ID: A. Pinkney/7796

SCANNED
APR 17 2021