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ADMINISTRATOR	OBTS Number		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 21-014559							
	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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 166 SE 2ND AVE DB FL		Location of Offense (Business Name, Address) 166 SE 2ND AVE, DELRAY BEACH, FL 33444									
DEFENDANT	Date of Arrest 12/05/2021	Time of Arrest 01:16	Booking Date 12/05/2021	Booking Time 01:26	Jail Date // : :	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) MORRISON, ALICIA FAITH		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 11/13/2000	Height 5'02	Weight 110	Eye Color BROW	Hair Color BROWN	Complexion FAIR	Build SMALL			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
JUVENILE	Local Address (Street, Apt. Number) 109 BARCLAY AVE, STATEN ISLAND, NY 10312		(City)	(State)	(Zip)	Phone (718) 689-3169	Residence Type 1 City 3 Florida 2 County 4 Out of State 4					
	Permanent Address (Street, Apt. Number) 109 BARCLAY AVE, STATEN ISLAND, NY 10312		(City)	(State)	(Zip)	Phone (718) 689-3169	Address Source DL					
	Business Address (Name, Street) UNEMPLOYED,		(City)	(State)	(Zip)	Phone	Occupation Unemployed					
	D/L Number, State 548478621 / NY		Soc. Sec. Number	INS Number	Place of Birth (City, State) NEW YORK, NY, United		Citizenship US					
CODE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor						
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor						
	Name (Last, First, Middle)		Residence Phone									
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
NOTICE TO APPEAR	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated							
	Released To (Name)		Relationship	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.					School Attended		Grade				
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
CHARGE	Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperse/ D 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 SIMPLE BATTERY (TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #							
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 21-014559	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond				
	Charge Description		Statute Violation Number		Violation of ORD #							
INTEAKE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond				
	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond				
	Charge Description		Statute Violation Number		Violation of ORD #							
NOTICE TO APPEAR	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							
	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"/> Posed Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
	Transported By		Date Transported // : :	Time Transported	Other							
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 12/30/2021 08:30:00							
ADMINISTRATOR	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)		Date Signed							
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestor)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) MITCHELL, RICKEY		I.D. # 0947		(PRINT)					
	Intake Deputy Spann 8101		Pouch #		Transporting Officer MITCHELL		I.D. # 947		Agency DBPD		PAGE 1 OF 1	
Witness here if subject signed with an "X"												

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

OBTS 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	Agency Name		Agency Report Number			
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT		<div style="display: flex; justify-content: space-between;"> 4 0 21-014559 </div>			
	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)				Race	Sex	Date of Birth
	MORRISON, ALICIA FAITH				W	F	11/13/2000
C H A R G E S	Charge Description		Charge Description				
	784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)						
	Charge Description		Charge Description				
V I C T I M	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
	PHILISTIN, KENNY				B	M	03/20/1989
	Local Address (Street, Apt. Number)				Phone		
	9872 NW 48TH CT, CORAL SPRINGS, FL 33076				(954) 604-5762		
	Business Address (Name, Street)				Occupation		
	OG, 166 SE 2ND AVE				DOORMAN		
<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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>5</u> day of <u>December</u>, <u>2021</u> at <u>01:45</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>Officers responded to 166 SE 2nd Ave (The OG) in reference to an identification dispute. I contacted the defendant, Alicia Morrison, who stated that she was denied access to the bar by OG security, Kenny Philistin, because he believed she provided him with a fake driver's license. The defendant requested that officers check her identification to prove it was a legal document so that she would be allowed entry into the bar. Officers determined the legitimacy of the defendant's identification and attempted to inform Philistin of our findings. The defendant then had words with Philistin, which caused him to refuse services. The defendant became upset and spat on Philistin. Officers escorted the defendant away while Philistin shouted I want her trespasses. Philistin changed his mind stating she spit on me. I want charges filed. The defendant was placed under arrest and later transported to the Palm Beach County Jail.</p> <p>Based on the above-listed facts, there is Probable Cause to charge the defendant, Alicia Faith Morrison, with Simple Battery (touch or strike) F.S.S. 784.03(1A1)</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">FERRERI, GARY</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;">12/05/2021</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 50%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">MITCHELL, RICKEY (0947)</p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;">12/05/2021</p> <p style="text-align: center;">DATE</p> </div> </div>						
							PAGE 1 OF 1

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

REVIEW COMPLETED BY

Booking Number: 2021030556	Date: 12/6/2021
	Specialist Name/ID: M.Meek/33849