2015MMODDAIBAXX

Г	OBTS Number	ARREST / NOTICE TO APPEAR	L Check if Supplement is Attached 1. Arrest 3. Request for Warrant Juvenile					
		Juvenile Referral Report	2. N.T.A. 4. Request for Caplas 2					
ž	Agency ORI Number		Agency Report Number (N.T.A.'s only) 3 4 -					
TRAI	Charge Type: 1. Felony	3. Misdemeanor	If Weapon Seized Multiple Clearence					
NINIS	as apply. 2. Traffic Felony Location of Arrest (including Name of Business)	4. Traffic Misdemeanor 6. Other	Enter Type Indicator					
Ā	550 N Cingass Au, By	3fr SAME	pusitiess Walle, Address)					
	Date of Arrest O 1 1 0 9 1 1 5 1 8 2 1		Time Location of Vehicle					
H	Name (Last, First, Middle)	Alias (Name,	DOB, Soc. Sec. #, Etc.					
ı	Race Isex I Da	te of Birth Height Weight	Eye Color Heir Color Complexion Build					
	W · White 1 · American Indian 6 F 6	0,9,0,2,9,2,501 120	BRW Bland Goht Min					
_	Scars Marks, Tatoos, Unique Physical Features (Location,		rital Status Religion Indication of: Y N Unk Alcohol Influence Drug trifluence					
MA	Local Address (Street, Apt. Number)	(City) (State) (Zip)	Phone Residence Type:					
JEFE.	130) Sw John Aug Delra Permanent Address (Street, Apt. Number)	(City) (State) 2 (Zip)	() 1. City 3. Florida 2. County 4. Out of State 2. Phone Address Source					
	1301 Sw Whave Del	12 Beken TC 33944	()					
	Business Address (Name, Street)	/ (Čity) (State) (Zip) /	Phone Occupation					
	D/L Number, State Soc	Sec. Number INS Number	Place of Birth (City, State) Citizenship					
H	Co-Defendant (Last, First, Middle)	Race Sex	Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor					
- OEF	Co-Defendant (Last, First, Middle)	Race Sex	☐ 5. Juvenile					
ŏ		nace Jex	Date of Birth 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile					
	☐ Parent Name (Last) ☐ Legal Custodian ☐ Other:	(First) (Mi	ddle) Residence Phone					
	Address (Street, Apt. Number)	(City)	(Zip) Susiness Phone					
ш	Notified by: (Name)	Date Time	Juvenile Disposition					
/ENIL	Released To: (Name)	Relationship	1. Handled/Processed within Dept. and Released.					
Ę			Br Date Time					
	The above address was provided by defendant and / o to keep the Juvenile Court Clerk's Office (Phone 355-2528) Yes, by: (Name).	r ☐ defendant's parents. The child and / or parent was told informed of any change of address. ☐ No (Reason)	School Attended Grade					
	Property Crime? Description of Property Yes No	·	Value of Property					
CODE	N.N/A B.Buy D.Deliver Di	spense/ M. Manufacture/ Z. Other Drug Type N. N/A Produce/ Outlivate A. Amphetamine	B. Barbiturate H. Hallucinoge P. Payamernalia/ U. Unknown C. Cocalne M. Marijuana Edwernent Z. Other					
آ ا	P. Possess T. Traffic E. Use Charge Description	Counts Domestic Statute Violation Nu	E. Heroin O. Optum/Deriv. S. Synthetic					
HARG	Drug Activity Drug Type Amount / Unit	Offensa # Violence 8 / 1 2 Warrant / Capias No						
Ö	W \$59.99	15-660511						
RGE	Charge Description	Counts Domestic Statute Violation Nu Violence	mber Violation of ORD #					
CHARGE	Drug Activity Drug Type Amount / Unit	Offense # Warrant / Capies No	mber Bond					
E	Charge Description	Counts Domestic Statute Violation Nu Violence	mber Violation of ORD #					
CHARGE	Drug Activity Drug Type Amount / Unit:	Offense # Warrant / Capias No						
பு	Charge Description	Counts Domestic Statute Violation Nu	mber , Violation of ORD #					
CHARGE		Violence □Y □N						
ਤੌਂ	Drug Activity Drug Type Amount / Unit	Offense # Warrant / Capias No	umber Bond					
П	Location (Court. Room Number, Address)	wife Day (11 botto Li An	us Delan Beach fr 3344					
TO APPEAR	Court Date and Time							
TO AF	Month Day 5	Year 2015 Time 8:30	A.M. P.M. EFINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO					
NOTICE	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					
ž	Signature of Defendant (or Juvenile and Parent/C	Distodian)504 Date Signed 1031 96					
H	HOLD for other agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)					
Z	☐ Dangerous ☐ Resisted Arrest	X blame of Arresting Officer (Print) 1.D. #	(PRINT)					
ΑDγ	Suicidal Other.	burfido 932	PAGE					
	no. # Fouch #	Transporting Officer I.D. # Agency	Witness here if subject signed with an "X" OF					

	OBTS Number	PROBABLE CAUSE AFFIDAVIT		1 Arres 2 NTA		uest for Warrent quest for Capias	2	Juvenile	N	
	Agency ORI Number Agency N	DYNTON BEACH POLICE	DEPT.	Agency Report Numb	gency Report Number 34 -15-000					
	Charge Type Check all that Apply 1 Felony 2 Traffic Felony 4 Traffic Misdemeanor		5 Ordinance	Special Notes						
П	Name (Last, First, Middle) MATHIAS, ALLISON, M	Alia	s		Race W		e of Birth /02/92	<u> </u>		
	Charge Description RETAIL THEFT		Charge Description							
	Charge Description		Charge Descrip	tion						
	Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex Dat	e of Birth			
	Local Address (Street, Apt Number)	(City) (State)	(Zip)	Phone		Address Source	4			
	Business Address (Name, Street)	(City) (State)	(Zip)	Phone		Occupation		7		
	The undersigned certifies and swears that he/she has justice that he/she has j	_	e that the above na		the following vio		>			
	Committed the below acts in my presence. Confessed to Admitting	Was observed by ithe below facts ■ Was found to have comm	nitted the below act	Who told is, resulting from my (descri	bed) investigatio		w the arres	ted person commit the be	low acts.	
Ц	on The 4TH Day Of JANUARY	<u> </u>		A.M. P.M.		<u> </u>				
	1/4/15 at approximately 1802 s Prevention Officer H/M Ange									
	nts while in the gaming section		,			•				
	on arrival, Camacho advised s									
	points of sale without making orted them back to the Loss Pi									
	ck pocket with stickers still atta					, ,		,		
	nile in the Loss Prevention Offic									
	ed Castellano if he had anythii rijuana) and a baggy of "weed'									
cou	uld smell the odor of burnt ma	rijuana on Castellano's clothir	ig. When a	sked the lasted	d he smo	ked he rep	lied ea	rlier tonight.		
	pected marijuana was field tes rahydrocannabinol (THC.) weig				_			•		
	stellano's left front pocket with			•						
	e to the above, I find probable									
	thony Castellano with one cou suant to FSS 893.147.1 and on							•	ore	
issu	ued a trespass warnings by Car	nacho for a period of one yea								
issu	ued N.T.A.'s and released witho	out incident.								
	macho completed a written st					nones were	retur	ned to Best Bu	ıy	
totaling \$59.98. Video, marijuana and pipe (TPW 108.7grams) were placed into BBPD evidence.										
	The foregoing instrument was sworn to or af	firmed and subscribed before me		-	-	1				
					Haa	f do	93/	2		
					(Signa	ture of Arresting	Investiga	ative Officer)		
	Negry Public, eters of edurt, Office	(FSS 11710)		_	GO (Print n	Loo ame of Arresting	Investigat	iva Officer)		
	1 /4 /15				(Finit)	1 /4 /1	•	·		
	Date				_	Date			Page OF 1	



WRITTEN STATEMENT

BOYNTON BEACH POLICE DEPARTMENT
VICTIM WITNESS SUSPECT

υστιτφιν	DLI ICIT I OLIC
	WITNES



Case # 15000511 Offense T	ype:	Retail	The	f	_ D D C	2 3 N/C
Location: 550 N Congress	Ave	Boyne	on I	each, FL	Date:	1 141 15
I, Angel						
statement without threat, coercion, offe						Ī
At Approximately 180	O A	n emple	oyee	observed	a whit	e female
with a black shirt and	Jean	shorts	R:	p open the	Da'e Ka	sing
Of an LG tribute	Value	d at	(59	.99 SKU: 8	776169	
and take out the Phone	- and	. hold	· ;+	in her t	and, I	then
observed the suspect						
pants in the garing so						
Section of Store to m						
a blue polo and Khari	Corgo	shorts	(50	ispect #2)	they the	ń
Pracecded to Exit the	store	where	1	made the	5+0p. T)	have
trespossed both suspects	fron.	the p	soper-	<i>\Y</i> .		
Total loss to Best Buy	(\$	59.99	SK.	J: 8776169)	
)					
					· · · · · · · · · · · · · · · · · · ·	
\\						
*						
I have received the Victim's Rights package Will testify in court WES / NO	INITIAL	I Swear / true.	Affirm t	he above and/or attache	ed statements are	correct and
will prosecute criminally YES/NO	INITIAL	٠				
- TISY NO	INTTIAL			SIGNATURE		
Sworn to and subscribed before me, this Day of,	Jan	. 15	as an	Officer of the Boynton	Beach Police D	epartment
Hampy Company		1 Car		·	93	2
OFFICER NAME (PRINT)		-	OFFICER SI	IGNATURE ICK IF THIS STATEMENT	TO HAS A SUPPLEMI	ENTAL PAGE