

0524931

21CF 8827AMB

996

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		n			
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06- 21-122178									
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator		04			
Location of Arrest (Including Name of Business) SW 3RD ST / SW 66TH AVE				BOCA RATON FL 33428				Location of Offense (Business Name, Address) SW 3RD ST / SW 66TH AVE				BOCA RATON FL 33428			
Date of Arrest 10/28/21		Time of Arrest 1915		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ATLANTIC TOWING			
Name (Last) Catricala		Name (First) Anthony		Name (Middle) Robert		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 04/21/1992		Height 6'02		Weight 200		Eye Color BRO		Hair Color BRO			
Complexion LIGHT		Build LARGE		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion UNK		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1824 Coolidge St #1				(City) Hollywood, FL 33020				(State) FL				(Zip) 33020			
Phone 9547902877				Residence Type: 1. City 2. County 3. Florida 4. Out of State				2				Address Source DL			
Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)			
Business Address (Name, Street)				(City)				(State)				(Zip)			
D/L Number, State C362016921410, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) HOLLYWOOD, FL			
Citizenship US				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											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other				(Last)				(First)				(Middle)			
Address (Street, Apt. Number)				(City)				(State)				(Zip)			
Business Phone				Notified by: (Name)				Date				Time			
Released To: (Name)				Relationship				Date				Time			
The above address provided by [] defendant and / or [] defendant's parents. No child / or party was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.				School Attended				Grade							
<input type="checkbox"/> Yes, by: (Name)				Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property			
Drug Activity N. N/A S. Sell B. Buy P. Possess				R. Smuggle D. Deliver E. Use				K. Dispense/ 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. Synthetics				U. Unknown Z. Other				Charge Description Poss. W/ intent to sell - Schd 2 Substance				Counts 1			
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 893.13(1)(a)2				Violation of ORD #							
Drug Activity S				Drug Type A				Amount / Unit 9 PILLS				Offense # 21-122178			
Warrant / Capias Number				Statute Violation Number 893.13(6a)				Violation of ORD #							
Charge Description Poss. Sched 2 substance (Amphetamine)				Counts 1				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity P				Drug Type Z				Amount / Unit 3 pills				Offense # 21-122178			
Warrant / Capias Number				Statute Violation Number 893.13(6a)				Violation of ORD #							
Charge Description Poss. Sched 2 substance (Morphine)				Counts 1				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity P				Drug Type Z				Amount / Unit 2 pills				Offense # 21-122178			
Warrant / Capias Number				Statute Violation Number 893.13(6a)				Violation of ORD #							
Charge Description Poss. Sched 2 substance (Oxycodone)				Counts 1				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity P				Drug Type Z				Amount / Unit 2 pills				Offense # 21-122178			
Warrant / Capias Number				Statute Violation Number 893.13(6a)				Violation of ORD #							
Location (Court, Room Number, Address)															
Court Date and Time Month 10 Day 28 Year 2021 Time AM <input type="checkbox"/> PM <input type="checkbox"/>															
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 10/28/21			
HOLD for other Agency Name:				Signature of Arresting Officer AGENT				Name Verification (Printed by Arrestee) SCANNED							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Arresting Officer (Print) AGENT				(PRINT) AGENT							
I.D.#				I.D.#				PAGE 1 OF 2							
Transporting Officer OROZCO				ID# 8057				Agency PBSO							
Witness here if subject signs and initials															

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		n									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06- 21-122178															
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		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator		04											
Location of Arrest (Including Name of Business) SW 3RD ST / SW 66TH AVE				BOCA RATON FL 33428		Location of Offense (Business Name, Address) SW 3RD ST / SW 66TH AVE				BOCA RATON FL 33428											
Date of Arrest 10/28/21		Time of Arrest 1915		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ATLANTIC TOWING									
Name (Last) Catricala (First) Anthony (Middle) Robert Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 04/21/1992		Height 6'02		Weight 200		Eye Color BRO		Hair Color BRO		Complexion LIGHT		Build LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status SINGLE		Religion UNK		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.									
Local Address (Street, Apt. Number) 1824 Coolidge St #1				(City) Hollywood, FL 33020		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation									
D/L Number, State C362016921410, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) Hollywood FL		Citizenship US							
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other: (Last) (First) (Middle)				Residence Phone																	
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone											
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)				Relationship				Date		Time											
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade											
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics		U. Unknown Z. Other	
Charge Description Poss. Sched 4 Substance (Ambien)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 893.13(6a)				Violation of ORD #											
Drug Activity P		Drug Type Z		Amount / Unit 3 pills		Offense # 21-122178		Warrant / Capias Number				Bond									
Charge Description Poss. Sched 4 substance (Alprazolam)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 893.13(6a)				Violation of ORD #											
Drug Activity P		Drug Type Z		Amount / Unit 1.5 pills		Offense # 21-122178		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense # 21-122178		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense # 21-122178		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time AM PM																					
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 10/28/21																					
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer X				Name Verification (Printed by Arrestee)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Arresting Officer's Name AGENT				I.D. #				(PRINT)									
Intake Deputy		I.D. #		Pouch #		Transporting Officer OROZCO				I.D. # 8057		Agency PBSO		PAGE 2 OF 2							
Witness here if subject signed with an -X"																					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	n
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06- 21-122178				
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:							
DEF	Name (Last, First, Middle) Catricala Anthony Robert			Alias		Race W	Sex M	Date of Birth 04/21/1992		
CHARGES	Poss. W/ intent to sell - Schd 2 Substance			893.13(1)(a)2		Poss. Sched 2 substance (Amphetamine)			893.13(6a)	
	Poss. Sched 2 substance (Morphine)			893.13(6a)		Poss. Sched 2 substance (Oxycodone)			893.13(6a)	
VICTIM	Victim's Name (Last, First, Middle) STATE OF FL					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip)					Phone		Address Source		
	Business Address (Name, Street) (City) (State) (zip)					Phone		Occupation		
PROBABLE CAUSE STATEMENT	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
	On the <u>28</u> day of <u>OCTOBER</u> , 20 <u>21</u> at <u>1915</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
	- (9) individually bagged orange Circular Pills marked "db/"30" (identified via drugs.com - Adderall 30 mg) - Schedule 2 - (2) individually bagged orange Oval Pills marked "b/974/30" (identified via drugs.com - Amphetamine and Dextroamphetamine 30 mg) - Schedule 2 - (1) individually bagged orange Oval Pill marked "b/973/20" (identified via drugs.com - Amphetamine and Dextroamphetamine 20 mg) - Schedule 2 - (1) baggie containing (2) pink circular pills marked "K 56" (identified via drugs.com - Oxycodone Hydrochloride 10 mg) - Schedule 2 - (1) baggie containing (3) blue circular pills marked "A~" (identified via drugs.com - Ambien CR 12.5 mg) - Schedule 4 - (1) baggie containing (2) white circular pills marked "54 262" (identified via drugs.com - Morphine Sulfate 30 mg) - Schedule 2 - (1) baggie containing (1.5) blue oval pills marked "Y/20" (identified via drugs.com - Alprazolam 1 mg) Schedule 4 - (1) baggie containing (2) oval blue/red pills marked "TEVA 7198" (identified via drugs.com - Fluoxetine Hydrochloride 40 mg) - not controlled / prescription only									
	At this time, the occupants were detained in handcuffs behind their back (checked for proper fit and double locked). I asked Anthony if he had a prescription for the pills in the eyeglass container and he denied knowledge of the pills. I informed Anthony that he was under arrest at this time for possession of narcotics. While I was collecting the evidence, Anthony spontaneously stated, "Will it help if I tell you that it is just for personal use? I dont sell it". At this time, Anthony claimed ownership of the narcotics for personal use and stated that he "found" them while working at his old job at UPS.									
	Anthony was cooperative. I have probable cause to charge Anthony with possession of a schedule 2 substance (adderall) with intent to sell due to the 9 pills being in individually packaged baggies, possession of schedule 2 substance (amphetamine), possession of a schedule 2 substance (oxycodone), possession of a schedule 2 substance (morphine), possession of a schedule 4 substance (ambien), and possession of a schedule 4 substance (alprazolam).									
	STATE OF FLORIDA COUNTY OF PALM BEACH _____ (Signature of Arresting/Investigative Officer) AGENT _____ (ID #) _____									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>28th</u> day of <u>OCTOBER</u> , 20 <u>21</u> by AGENT _____ (Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>)									
	_____ Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
	<div style="text-align: right;">PAGE 2 OF 2</div>									
	ADMINISTRATIVE									



**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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	1-5
	<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.	2-3
	<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: 2021027157	Date: 10/29/21
	Specialist Name/ID: A. Pinkney/7796