

0514477

20MM1053 MB 3792

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500900		Agency Name Atlantis Police Department		Agency Report Number (N.T.A.'s only) 20-000035		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> 1		JUVENILE <input type="checkbox"/>											
	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		Location of Arrest (Including Name of Business) 5301 S CONGRESS AVE ATLANTIS, FL		Location of Offense (Business Name, Address) 5301 S CONGRESS AVE, ATLANTIS, FL 33462		If Weapon Seized Enter Type KNIFE		Multiple Clearance Indicator													
	Date of Arrest 02/01/2020		Time of Arrest 17:21		Booking Date 02/01/2020		Booking Time 17:31		Jail Date		Jail Time		Location of Vehicle 5301 S CONGRESS AVE									
D E F E N D A N T	Name (Last, First, Middle) BODFORD, BETH ERIN											Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____										
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 03/13/1967		Height 5'04		Weight 105		Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT		Build Thin					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Marital Status M		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 1200 HOLIDAY DR 1103, FORT LAUDERDALE, FL 33316				(City)		(State)		(Zip)		Phone (954) 595-6800		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>		Address Source DEPENDANT							
	Permanent Address (Street, Apt. Number) 1200 HOLIDAY DR 1103, FORT LAUDERDALE, FL 33316				(City)		(State)		(Zip)		Phone (954) 595-6800		Occupation Housewife									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone											
	D/L Number, State B316065675930 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) STANTON, VA, United		Citizenship US													
	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											
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property _____ Value of Property _____											Residence Phone		Business Phone								
Drug Activity: N. N/A, S. Sell, P. Possess, T. Traffic S. Sell, B. Buy, D. Deliver, E. Use 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. Opium/Deriv. P. Paraphernalia/Equipment, S. Synthetic U. Unknown, Z. Other											Statute Violation Number 810.0923		Violation of ORD # 19A									
Charge Description: TRESPASS AFTER WARNING - STRUCTURE OR CONVEYANCE Drug Activity: N , Drug Type: N , Amount/Unit: / , Offense #: / , Counts: I , Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N, Warrant/Capias Number: / , Bond: /											Statute Violation Number		Violation of ORD #									
Charge Description: _____ Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Counts: _____, Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N, Warrant/Capias Number: _____, Bond: _____											Statute Violation Number		Violation of ORD #									
Charge Description: _____ Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Counts: _____, Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N, Warrant/Capias Number: _____, Bond: _____											Statute Violation Number		Violation of ORD #									
Health / Apparent Physical Condition of Defendant: GOOD Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries Explain: RT SHOULDER											PROPERTY - Received By		Released By		Released To							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											Date Transported		Time Transported		Other							
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) Criminal Justice WEST PALM BEACH		Court Date and Time 03/04/2020 13:00:00		No photo available							
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) <i>[Signature]</i>		Date Signed 2/1/2020		PAGE 1 of 2							
HOL # or Other Agency: _____ Signature of Arresting Officer: #108 Name Verification (Printed by Arrestee): _____ <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Name of Arresting Officer (Print): BROWN, C. I.D. #: 108 Intake Dept: 804 Pouch #: _____ Transporting Officer: BROWN I.D. #: 108 Agency: ATLAN											Witness here if subject signed with an "X"		SCANNET FEB 02 2020		PAGE 1 of 2							

FEB 02 2020
 No photo available
 PAGE 1 of 2
 CRIME ANALYSIS

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0500900		Agency Name ATLANTIS POLICE DEPARTMENT	Agency Report Number 20-000035
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) BODFORD, BETH ERIN	Alias	Race W	Sex F	Date of Birth 03/13/1967
Charge Description 810.06 TRESPASS AFTER WARNING - STRUCTURE OR	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) JFK MEDICAL CENTER,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 5301 S CONGRESS AVE, ATLANTIS, FL	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) 965-7300	Address Source	Phone	Occupation

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 . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **1** day of **February**, **2020** at **17:03** (Specifically include facts constituting cause for arrest.)

On the above time and date, I responded to JFK Medical Center 5301 S Congress Ave Atlantis, FL for a patient who was refusing to leave after being discharged. Upon arrival I met with the medical staff who stated that the defendant was seen by a medical doctor, evaluated, discharged and was refusing to leave. The defendant was in Room 80. I introduced myself as Sgt Brown of the Atlantis Police Dept and that I was present because she was refusing to leave. A PBSO Deputy who was working the ER detail was present. I requested her Florida Drivers License and she was identified as Beth Erin Bodford (W/F, 03/13/1967). She stated that the ER doctor didn't know what she was talking about and she wanted to have an MRI done on her right shoulder. I advised her that she was already discharged and had her discharge paper work and had to leave. She still refused to leave stating "I'm not leaving." I continued to attempt to explain how she was discharged but had to leave and she still refused. Security Officer Henry responded to Room 80 and identified himself to Bonford as a representative of the hospital. Henry advised her that she was properly discharged from the hospital and asked by medical staff and himself several times to leave but she refused. She was explained about being trespassed from JFK Medical Center. I asked her to leave the hospital in front of S/O Henry after being told she was trespassing and she stated "I'm not going anywhere." I asked her to stand up and she was placed into handcuffs which were applied per department policy (checked for proper spacing and double locked). Bonford was taken into custody for Trespass after Warning of a Structure. She was handcuffed in the front due to the previous shoulder injury that occurred three months ago at the Ft Lauderdale boat show. In her left coat pocket she did have a knife. Based on the above facts, my personal training, experience and knowledge, I believe there is probable cause to charge Beth Erin Bonford (W/F, 03/13/1967) with Trespass after warning of a Structure.

SWORN AND SUBSCRIBED BEFORE ME <i>E. Bergeron</i> BERGERON, EDWIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/01/2020 DATE	<i>Craig Brown</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BROWN, CRAIG (108) NAME OF OFFICER (PLEASE PRINT) 02/01/2020 DATE
---	--

SCANNED
FEB 02 2020



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)(l)	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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020003636	Date: 02/02/2020
	Specialist Name/ID: AM/31562

SCANNED
FEB 02 2020