

0513773

20CF132 MB 1297

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.F.A.'s only) <b>4 0 20-000190</b>	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 1 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 5 Other	If Weapon Seized Enter Type: <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>3</b>
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
<b>8 E ATLANTIC AVE, DB FL 33444</b>			<b>8 E ATLANTIC AVE, DELRAY BEACH, FL 33444</b>			
Date of Arrest <b>01/04/2020</b>	Time of Arrest <b>03:35</b>	Booking Date <b>01/04/2020</b>	Booking Time <b>03:45</b>	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>AGNEW, CHELSEA MADISON</b>		Alias:				
Race: <b>W</b> White 1 - American Indian <b>W</b> Sex: <b>F</b> Date of Birth: <b>02/21/1995</b> Height: <b>5'01</b> Weight: <b>225</b> Eye Color: <b>BROWN</b> Hair Color: <b>BROWN</b> Complexion: <b>LIGHT</b> Build: <b>HEAVY</b>						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion	Indication of: Alcohol Intoxication: Yes <input type="checkbox"/> No <input type="checkbox"/> Link <input checked="" type="checkbox"/> Drug Intoxication: Yes <input type="checkbox"/> No <input type="checkbox"/> Link <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
<b>8647 CLUB ESTATES WAY, LAKE WORTH, FL 33467</b>		<b>(646) 238-6948</b>		<b>Verbal</b>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source		
<b>8647 CLUB ESTATES WAY, LAKE WORTH, FL 33467</b>		<b>(646) 238-6948</b>		<b>Verbal</b>		
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation <b>Kids entertainer</b>		
D/L Number, State <b>A250113955610 / FL</b>		Sex, Sex Number		INS Number		Place of Birth (City, State) (Zip) <b>Long Island NY US</b>

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. 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. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone
Notified by: Name	Date	Time
Released To: (Name)	Relationship	Date
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.		Grade
<input type="checkbox"/> Yes, by: _____	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property

Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Producer/ 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
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Charge Description <b>BATTERY ON OFFICER, FIREFIGHTER, EMT ETC</b>	Statute Violation Number <b>784.07(2B)</b>	Violation of ORD #
Drug Activity: <b>N</b> Drug Type: <b>N</b> Amount / Unit: <b>/</b> Offense #: <b>1</b> Counts: <b>1</b> Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number	Bond: <b>3,000</b>	
Charge Description <b>GIVE FALSE ID TO LAW ENFORCEMENT OFFICER</b>	Statute Violation Number <b>901.36(1)</b>	Violation of ORD #
Drug Activity: <b>N</b> Drug Type: <b>N</b> Amount / Unit: <b>/</b> Offense #: <b>1</b> Counts: <b>1</b> Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number	Bond: <b>OR</b>	
Charge Description <b>RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>	Statute Violation Number <b>843.02</b>	Violation of ORD #
Drug Activity: <b>N</b> Drug Type: <b>N</b> Amount / Unit: <b>/</b> Offense #: <b>1</b> Counts: <b>1</b> Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number	Bond: <b>OR</b>	

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"/> Delirium <input type="checkbox"/> Injuries
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	PROPERTY - Received By
<input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health	Released By
Transported By	Released To
Date Transported	Time Transported
<b>// : :</b>	Other



<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	<b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
but must comply with instructions on Page 2.	
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 <b>[Signature]</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <b>SCHWARTZ, MICHAEL A</b>	(PRINT)
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	I.D.# <b>1047</b>	
Transporting Officer <b>[Signature]</b>	I.D.# <b>1175</b>	Agency <b>DBPD</b>
Witness here if subject sign with an "X"	PAGE <b>1 OF 1</b>	

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

OBTs Number  Agency ORI Number <b>FL 0500400</b> Charge Type: Check as many as apply: <input checked="" 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	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b> Agency Report Number <b>4   0   20-000190</b> Special Notes:  Name (Last, First, Middle) <b>AGNEW, CHELSEA MADISON</b> Alias:  Charge Description <b>784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC</b> Charge Description <b>901.36(1) GIVE FALSE ID TO LAW ENFORCEMENT OFFICER</b> Charge Description <b>843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>	Race <b>W</b> Sex <b>F</b> Date of Birth <b>02/21/1995</b>	
Victim's Name (Last, First, Middle) <b>State Of Florida</b> Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source Business Address (Name, Street) (City) (State) (Zip) 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... <input checked="" 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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>4</u> day of <u>January</u> , <u>2020</u> at <u>02:46</u> (Specifically include facts constituting cause for arrest.)		
The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.  On 1/4/19, I was working an off duty detail at 8 E Atlantic Ave (Tin Roof). They were closing as it was 2 A.M. and security was telling everyone it was time to leave. A w/f and her friends were refusing to leave after being asked multiple times but finally did so. She was just outside the front entrance yelling back and forth at security guards and I was standing off to the side monitoring the situation. As I was standing there and she was yelling at security she turned toward me and kicked me with her right foot. She struck me in my groin and I immediately grabbed her in attempt to place her in handcuffs. She refused to give me her hands and began pulling away. I then got on the radio and asked for backup officers as she was resisting. I eventually gained control and placed her in the handcuffs. She then slipped her hand out of the handcuff. I then tried to get her to put her hands behind her back and she refused to put her hands behind her back again. I eventually gained compliance and placed her in handcuffs again. Tin Roof employee Jacob Angelo gave a recorded statement stating the facts above.  Ofc. Florivil transported the w/f back to the DBPD THF and proceeded with getting her personal information. She advised that her name was Chelsea Marie Madison and her DOB was 2/22/1995. She also advised she has never had an ID and only a passport. I could not locate any information using this name in any database. I had attempted to confirm her information multiple times and she kept giving me the same information. After multiple attempts to find information she finally decided to give her real personal information. She was identified as Chelsea Madison Agnew with a DOB of 2/21/1995. She stated she was scared and that is why she continuously gave the false personal information.  Based on the above facts, probable cause exists to charge Chelsea Agnew with Battery On An Officer per F.S.S. 784.07(2B), Resist/Obstruct Officer W/O Violence Per F.S.S. 843.02 and Give False ID To Law Enforcement Officer per F.S.S. 901.36(1).			
SWORN AND SUBSCRIBED BEFORE ME  <b>NAPARSTEK, MATTHEW</b> 1012 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>01/04/2020</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>SCHWARTZ, MICHAELA (1047)</b> NAME OF OFFICER (PLEASE PRINT)  <b>01/04/2020</b> DATE		
PAGE <b>1 of 1</b>			



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

REVIEW COMPLETED BY

Booking Number: 2020000318	Date: 01/05/2020
	Specialist Name/ID: AM/31562