

J-0149559 2020CF004115AMB P-3924

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20068216		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Juvenile <input type="checkbox"/>			
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 1. Yes 2. No	Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) CENTER STREET / INDIANTOWN ROAD, JUPITER, FL 33458				Location of Offense (Business Name, Address) CENTER STREET / INDIANTOWN ROAD, JUPITER, FL 33458							
Date of Arrest 05/13/2020	Time of Arrest 9:30 PM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Botcher, Dale, Robin				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 04/11/1961	Height 5'09	Weight 240	Eye Color BRO	Hair Color GRAY	Complexion MED	Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion n/a	Indication of Alcohol Intoxication 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 6. At Large <input type="checkbox"/> 7. Incarcerated <input type="checkbox"/>					
Local Address (Street, Apt. Number) 919 N Loxahatchee Dr, Jupiter, FL 33458				(City)	(State)	(Zip)	Phone (561) 262-5195	Residence Type 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source DL			
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation			
D/L Number, State B326176611310, FL		INS Number		Place of Birth (City, State) WORSTUR, MA		Citizenship USA					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Parent Legal Custodian Other:				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 365-2526) 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 POSSESSION OF COCAINE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13.(6A)		Violation of ORD #					
Drug Activity P	Drug Type C	Amount / Unit	Offense # 20068216	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	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 05/13/2020											
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed	
HOLD for other Agency Name				Signature of Arresting Officer				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) D/S Hole 18340				(PRINT)			
Intake Deputy				Transporting Officer				PAGE			
I.D. #				Pouch #				Witness here if subject signed with an -X"			
1				1				1			

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20068216	
	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	Special Notes:		
CHARGES	Name (Last, First, Middle) Bottcher, Dale, Robin		Alias	Race W	Sex M	Date of Birth 04/11/1961	
	Charge Description POSSESSION OF COCAINE		893.13.(6A)	Charge Description			
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	
<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. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><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.</p> <p>On the 13th day of May 2020 at 9:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On May 13th, 2020 at approximately 9:30 pm, I observed a gray Mercedes 4D bearing FL tag "MORECC" traveling east on Jupiter Gardens Blvd in unincorporated Jupiter, FL. I observed the vehicle approach the stop sign at Central Blvd which has a clearly painted white stop bar. The vehicle failed to stop at the stop sign/stop bar and rolled several feet past it in violation of FSS 316.123(2)(A). The vehicle turned left and traveled north on Central Blvd and then east onto Indiantown Road. It should be noted that the neighborhood that the vehicle was leaving (Kennedy Estates) has been notorious for decades as being a documented high crime area with a high rate of narcotics violations and open air sales.</p> <p>Due to the stop sign violation, I conducted a traffic stop on the vehicle and made contact with the driver (sole occupant) identified as the registered owner Dale Bottcher. While speaking with Botcher and obtaining his license, registration, and insurance, I noticed that Bottcher's hands were trembling as he reached around grabbing for the requested paperwork. D/S Gitschier 27527 arrived at which time I gave him Bottcher's license and asked him to run his information through PBSO dispatch. As D/S Gitschier was doing this, I approached Bottcher and asked him if there was anything illegal in the vehicle to which he stated there was not. I asked him for consent to search the vehicle to which he without hesitation verbally granted. A search of the vehicle revealed no contraband. I then asked him for consent to search his pockets to which he again without hesitation verbally granted. It should be noted that while searching the vehicle and Bottcher's person, PBSO dispatch was still in the process of confirming Bottcher's identity and the traffic stop was no prolonged in any way as a result of the search. With consent being given, I reached into his front right pocket and pulled out a small clear plastic bag which had two smaller clear plastic bags within them. The two smaller bags contained a white powdery substance. Also in the clear plastic bag was an off white rock like substance which I immediately recognized through my training and experience to be crack/cocaine. I suspected the powder to be powder cocaine. A field test with both Marquis and Cobalt test kits would confirm the powder to be powder cocaine and the rock to be cocaine as well.</p> <p>Based on the findings of this investigation, probable cause exists to charge Bottcher with violation of FSS 893.13(6A) for knowingly and unlawfully possessing cocaine.</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">D/S Hole 18340</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13th</u> day of <u>May</u> 20<u>20</u> by _____</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)</p> <p>D/S Gitschier 27527</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 111.01)</p>							
PAGE 1 OF 1							



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

REVIEW COMPLETED BY

Booking Number: 2020012584	Date: 5/14/2020
	Specialist Name/ID: B Evans / 23649