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ARREST / NOTICE TO APPEAR

 1 Arrest (No Warrant) 3 Request for Warrant
 6 Arrest (Warrant) 4 Request for Capias
 2 S.T.A. 5 Juvenile Retainer

1

JUVENILE

A

OHHS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (S.T.A.'s only) 3 2 2021-006188	
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		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 4021 IBIS POINT CIR, BOCA RATON, FL				Location of Offense (Business Name, Address) 4021 IBIS POINT CIR, BOCA RATON, FL 33431			
Date of Arrest 05/23/2021	Time of Arrest 22:12	Booking Date 05/23/2021	Booking Time 22:22	Jail Date // : : :	Jail Time	Location of Vehicle	
Name (Last, First, Middle) CONNOLLY, DECLAN G							
Aliases:							
Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 04/10/2001	Height 5'10	Weight 170	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT
Build Small				Marital Status S		Religion	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
Local Address (Street, Apt. Number) 9846 BURKE POND LN, BURKE, VA 22015				(City) (703) 473-3388		(Zip)	
Permanent Address (Street, Apt. Number) 9846 BURKE POND LN, BURKE, VA 22015				(City) (703) 473-3388		(Zip)	
Business Address (Name, Street) RID PEST CONTROL				(City)		(Zip)	
D.I. Number, State C66021122 / VA		Sec. Sec. Number [REDACTED]		DVS Number		Place of Birth (City, State) Burke VA	
Citizenship		Date of Birth					
On Detention Name (Last, First, Middle)		Race		Sex		Date of Birth	
Off-Detention Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		Business Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State) (Zip)	
Notified By (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled Processed within Department and Released 2. TOT JAC 3. Incarcerated	
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.				School Attended		Grade	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property	
Drug Activity S - Sell B - Buy P - Possess		R - Smuggle D - Deliver F - Use		K - Disperse D - Distribute		M - Manufacture P - Produce C - Cultivate	
Z - Other		Drug Type N - N/A A - Amphetamine		B - Barbiturate C - Cocaine E - Heroin		H - Hallucinogen M - Marijuana O - Opium/Derm	
P - Paraphernalia Equipment		S - Synthetic		U - Unknown Z - Other			
Charge Description GRAND THEFT 5000 OR MORE LESS THAN 10K DOLS				Statute Violation Number 812.014(2C2)		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N						Counts	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #	
						Counts	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #	
						Counts	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond	
Health - Apparent Physical Condition of Defendant				Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquency <input type="checkbox"/> Injury			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Bonded Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health				PROPERTY - Received By			
Transferred By YOCKEL				Date Transferred		Time Transferred	
Other				Released By		Released To	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
				Court Date and Time			
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			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect				Name of Arresting Officer (Print) YOCKEL, K. T.			
<input type="checkbox"/> Retained Arrest <input type="checkbox"/> Other				ID # 846			
Take Deputies Spann 8101				Transporting Officer YOCKEL			
				ID # 846			
				Agency BRPD			
				Name Verification (Printed by Arrestee)			
				(PRINT)			
				Witness here if subject signed with an "X"			
				PAGE 1 OF 1			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

SCANNED

MAY 24 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-006188			
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	
Name (Last, First, Middle) CONNOLLY, DECLAN G				Race W	Sex M	Date of Birth 04/10/2001	
Charge Description FSS 812.02(2C2) GRAND THEFT				Charge Description			
Victim's Name (Last, First, Middle) KNOWLES, ROBIN ELLEN				Race W	Sex F	Date of Birth 08/02/1967	
Local Address (Street, Apt. Number) (City) (State) (Zip) 4021 IBIS POINT CIR, BOCA RATON, FL 33431				Phone (561) 393-6885		Address Source	
Business Address (Name, Street) (City) (State) (Zip) SELF				Phone (561) 289-4923		Occupation	
<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</p> <p>The Person taken into custody</p> <p><input 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</p> <p><input checked="" type="checkbox"/> confessed to OFC YOCKEL admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the 23 day of May, 2021 at 22:51 (Specifically include facts constituting cause for arrest.)</p> <p>On May 23rd 2021, at approximately 2114 hours I responded to 4021 Ibis Point Circle, City of Boca Raton, County of Palm Beach, State of Florida for a Grand Theft.</p> <p>Upon arrival I met with the victim, Robin Knowles. Knowles stated a known male, Declan Connolly had been visiting the families home the night prior. Upon waking up Knowles discovered approximately \$5,360 worth of clothing, perfume, shoes, slides and handbags had been removed from her bedroom closet, and Connolly was no longer in the residence. Knowles made contact with Connolly who stated he had the items and would return them to the home in one hour. Several hours later Connolly returned and I was standing by with Knowles. Connolly arrived on scene, exited his truck, and had two bags of items with him, containing shoes, handbags, perfume, t-shirts and yoga pants. Connolly uttered that he had taken the items this morning because his family didn't have a lot and he thought his mom would like the items.</p> <p>Knowles stated she wanted to pursue criminal charges. All items were inventoried, photographed and marked as evidence.</p> <p>I then read Connolly his Constitutional Warnings and he agreed to speak with me. Connolly stated he was intoxicated last night and went thru Knowles closet and her dresser and removed several items of clothing and perfume, because he thought his mother would like them. He bundled the items up in a sheet, and carried them outside, stashing them under a tree at the end of the cul-de-sac. Connolly returned later in the day to retrieve the items. Connolly appeared to be under the influence and could not remember all the items he took, and he was also unsure he had returned all the items at this time.</p> <p>Based on Connolly's admission that he stole the items, I placed him under arrest for FSS 812.04(2C2) Grand Theft \$5000 or more less than \$10000.</p>							
SWORN AND SUBSCRIBED BEFORE ME VOLGUARDSON, ROBERT R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 05/23/2021 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YOCKEL, KURT THOMAS (846) NAME OF OFFICER (PLEASE PRINT) 05/23/2021 DATE			
						PAGE 1 OF 1	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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

REVIEW COMPLETED BY

Booking Number: 2021012532	Date: 5/24/2021
	Specialist Name/ID: M. Took #8557