

047006C

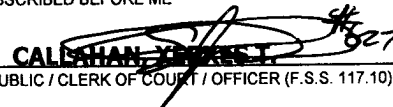
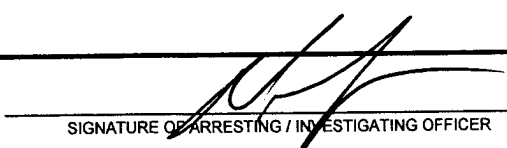
ARREST / NOTICE TO APPEAR

275

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2015-010861		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE																																				
	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 N																																										
	Location of Arrest (Including Name of Business) 2901 N FEDERAL HWY						Location of Offense (Business Name, Address) 2901 N FEDERAL HWY, BOCA RATON, FL 33431																																								
Date of Arrest 08/09/2015		Time of Arrest 15:41		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																			
D E F E N D A N T	Name (Last, First, Middle) HARDISON, ELISSA ANN												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																																		
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 04/10/1987		Height 5'01		Weight 150		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build																														
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4																												
	Local Address (Street, Apt. Number) 5155 N ABBEY CT, COEURDLEAN, LA 83851						(City)		(State)		(Zip)		Phone (268) 620-9191		Address Source																																
	Permanent Address (Street, Apt. Number) 5155 N ABBEY CT, COEURDLEAN, LA 83851						(City)		(State)		(Zip)		Phone (268) 620-9191		Address Source																																
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation Office Manager																																
	D/L Number, State H632201876300 / FL				INS Number				Place of Birth (City, State) CA San Bernardino				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																																		
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone																																	
<input type="checkbox"/> Legal Custodian												Business Phone																																			
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																																					
C O D E	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, by: _____ <input type="checkbox"/> No: _____												Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property HOTEL STAY AND PROPERTY				Value of Property \$1,042																												
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ 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																										
	Charge Description DEFRAUDING AN INNKEEPER (\$300.00 OR MORE)												Statute Violation Number 509.151(4)		Violation of ORD #																																
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond																																
C H A R G E	N				/		2015-010861		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																				
	Charge Description BATTERY ON A P.O.												Statute Violation Number 784.07(2B)		Violation of ORD #																																
	N				/		2015-010861		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																				
C H A R G E	Charge Description												Statute Violation Number		Violation of ORD #																																
					/						<input type="checkbox"/> Y <input type="checkbox"/> N																																				
					/																																										
I N T A K E	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"/> Deformities <input type="checkbox"/> Injuries																																		
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail												PROPERTY - Received By				Released By				Released To																										
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												Date Transported				Time Transported				Other																										
	Transported By																																														
N O T I C E	<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 33446																																		
	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.												Court Date and Time																																		
	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed																																		
A D M I N	HOLD for Other Agency												Signature of Arresting Officer												Name Verification (Printed by Arrestee)																						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest												Name of Arresting Officer (Print) KRIGGER, RONALIO E.												(PRINT)																						
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other												I.D. # 474																																		
	Intake Deputy 8019												Transporting Officer Waymer												I.D. # 761																						
Pouch #												Agency												Witness here if subject signed with												PAGE 1 OF 1											

SCANNED

AUG 10 2015

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2015-010861				
	Charge Type: <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:				
DEFENSE	Name (Last, First, Middle) HARDISON, ELISSA A				Race W		Sex F		Date of Birth 04/10/1987
	Charge Description 509.151(2) DEFRAUDING AN INNKEEPER OVER \$300				Charge Description 784.07(2B) BATTERY ON A P.O.				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) BOCA RATON PLAZA HOTEL,				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2901 N FEDERAL HWY, BOCA RATON, FL 33431				Phone (561) 750-944		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone (561) 750-9944		Occupation		
<p>The undersigned certifies and swears that he/she has just and resonable 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>9</u> day of <u>August</u>, <u>2015</u> at <u>14:21</u> (Specifically include facts constituting cause for arrest.)</p> <p>I responded to a disturbance at the Boca Raton Plaza Hotel and Suites located at 2901 N Federal Hwy. The disturbance was at room 103 which had been rented by Elissa Hardison. Contact was made with Hardison who was uncooperative and declined to provide any information of what had taken place in her room. Hotel management ask that Hardison pay her bill and leave the premises. Hardison was provided a copy of her hotel bill which was \$1,042.32, she had a balance of \$82.32 which was owed for one nights stay in her room and the rest was for the sliding glass door which she broke the glass out of. Hardison declined to make any payment or portion there of. Hardison was placed under arrest for defrauding an innkeeper. I handcuffed her and escorted her to my squad car. While walking to the car she leaded in with her left shoulder giving me a body check then intentionally kicked back with her left foot striking my right leg calling me a "Nigger". Hardison was then advised she is now additionally charged with battery on a law enforcement officer. Hardison was transported to BRPSD where she was processed and TOT to PBSO jail.</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/09/2015</u> DATE </div> <div style="text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER KRIGGER, ROHALIO E (474) NAME OF OFFICER (PLEASE PRINT) <u>08/09/2015</u> DATE </div> </div>								
	<div style="display: flex; justify-content: space-around;"> <div> SCANNED <u>AUG 10 2015</u> </div> <div> 1 OF 1 </div> </div>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.