

J# 0518552

P# 31

20CF 7501 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATION	OBTS Number		Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-20-045686</b>			
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" 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						If Weapon Seized Enter Type		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>Chilis 2202 North Congress Avenue, Boynton Beach, FL</b>						Location of Offense (Business Name, Address) <b>Chilis 2202 North Congress Avenue, Boynton Beach, FL</b>					
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	<b>09/14/2020</b>		<b>1954</b>									
	Name (Last, First, Middle) <b>Bambery, Faith A</b>											
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/17/1989</b>	Height <b>5'8"</b>	Weight <b>105</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Small</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>sleeve tattoos on left arm</b>						Marital Status <b>Single</b>	Religion <b>N/A</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone ( ) - ( )		Residence Type 1. City 3. Florida 2. County 4. Out of State			<b>2</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>18 Salina Avenue #25, Delray Beach, FL 33483</b>						Phone ( ) - ( )		Address Source <b>Defendant</b>				
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone ( ) - ( )		Occupation <b>Call Center</b>				
Dt. Number, State <b>H13137041, Nebraska</b>				Soc. Sec. Number		INS Number		Place of Birth <b>Nebraska</b>		Citizenship <b>U.S.</b>		
CO-DEF	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			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)				Residence Phone							
	<input type="checkbox"/> Legal Custodian				Business Phone							
	<input type="checkbox"/> Other											
	Address (Street, Apt. Number) (City) (State) (Zip)											
	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 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 561-355-2526) 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 <input type="checkbox"/>				Description of Property				Value of Property				
CHARGE	Drug Activity		S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Pyrotechnics	U. Unknown Z. Other
	Charge Description <b>Battery on a Firefighter</b>		Counts	Domestic Violence	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#	
	N		1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	784.07(2B)		20-045686					
	Charge Description <b>Disorderly Intoxication</b>		Counts	Domestic Violence	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#	
	N		1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	856.011		20-045686					
Charge Description		Counts	Domestic Violence	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#		
N			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Charge Description		Counts	Domestic Violence	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#		
N			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time		Month		Day		Year		Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
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 Name:				Signature of Arresting Officer <b>A. Paciello</b>				Name Verification (Printed by Arrestee) <b>BU#115750</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Delay				Name of Arresting Officer (Print) <b>A. Paciello</b>				I.D.# <b>1109</b>				
<input type="checkbox"/> Unsubstantiated Arrest <input type="checkbox"/> Other				Transporting Officer <b>A. Paciello</b>				I.D.# <b>1109</b>				
Agency <b>BBPD</b>				Agency <b>BBPD</b>				Witness here is subject Signed with an "X".				
										Page <b>1 OF 1</b>		

SCANNED  
SEP 15 2020

SEP 14 2020 10:47

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-045686				
Charge Type Check all that Apply		Special Notes						
<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				
Name (Last, First, Middle) Bambery, Faith A				Alias	Race W	Sex F	Date of Birth 10/17/1989	
Charge Description Battery on a Firefighter				Charge Description Disorderly Intoxication				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
Local Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	
2080 High Ridge Road, Boynton Beach, FL 33426				561-742-6342		Occupation Firefighter		
The undersigned certifies and avers 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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 14th Day Of September 20 20 At 07:32 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

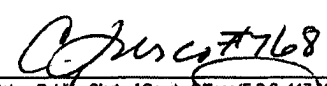

I responded to Chilis located at 2202 North Congress Avenue, Boynton Beach, Palm Beach County, Florida, 33426 in reference to an intoxicated female at the business. Upon arrival, I was advised by staff that the female was laying on the south side of the business.

I located w/f Faith Bambery on the south side of the building, laying on the sidewalk, unconscious but breathing. Bambery came to and advised that she drank a lot of champagne and whiskey this evening. I observed the smell of alcohol emanating from Bambery's person, and she was unable to stand or walk without stumbling.

Boynton Beach Fire Rescue responded to the scene, at which time Bambery became combative. Firefighter Bernard Arias, who shall be known as Victim 1, began to help Bambery onto the stretcher, at which time Bambery clawed at the left side of Victim 1's face. I observed Victim 1 to have a small scratch on his left cheek.

Bambery was immediately taken into custody (handcuffed, double locked, and checked for tightness). At this time, I find Probable Cause to charge Bambery with Battery on a Firefighter pursuant to Florida State Statute 784.07(2B) and Disorderly Intoxication pursuant to Florida State Statute 856.011. Bambery was transported to BBPD for processing, medically cleared at Bethesda East, and then transported to Palm Beach County Jail for booking.

The foregoing instrument was sworn to or affirmed and subscribed before me

 Notary Public, Clerk of Court, Officer (E.S.S. 117) (0)	 (Signature of Arresting / Investigative Officer)
09/14/2020 Date	A. Paciello (Print name of Arresting/Investigative Officer)
	09/14/2020 Date



**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: 2020021760	Date: 09/15/2020
	Specialist Name/ID: AM/31562