

20CF10344AMB

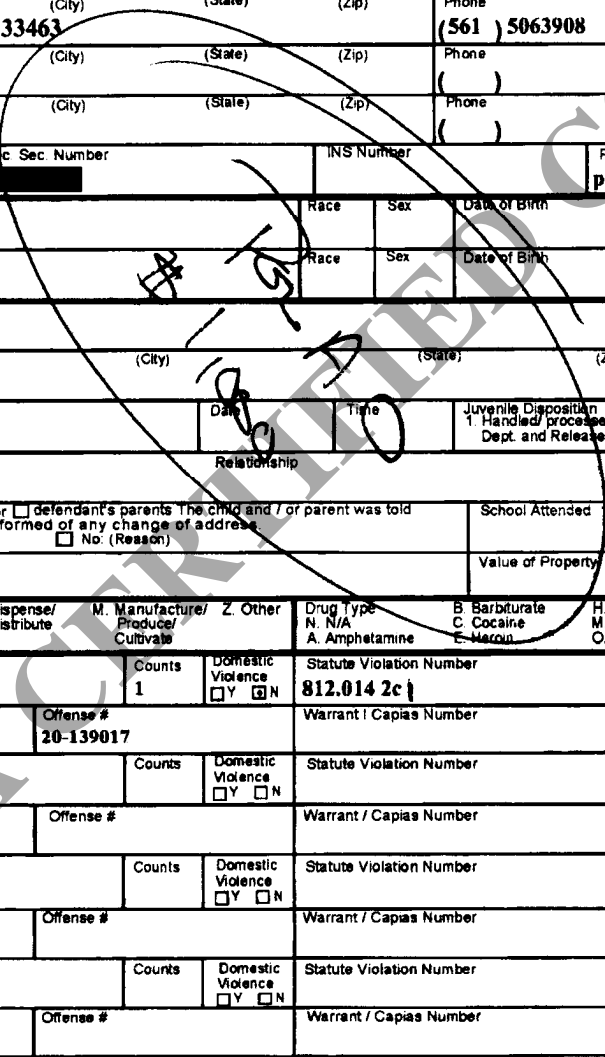
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1564

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

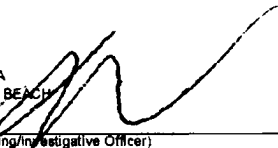
1 Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-139017	
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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest / (Including Name of Business) 2615 S SR 7 wellington fl 33414				Location of Offense (Business Name, Address)			
Date of Arrest 12/22/2020	Time of Arrest 1120	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Maull, Hailey, A				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W f	Date of Birth 07/16/1996	Height 5-10	Weight 140	Eye Color brn	Hair Color blnd	Complexion light
Build small				Build small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tattoo				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 6208 grand cypress cir , lake worth fl 33463		(City)	(State)	(Zip)	Phone (561) 5063908	Residence Type 1. City 2. County 3. Florida 4. Out of State 1	
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 m400321967560		Soc. Sec. Number		INS Number		Place of Birth (City, State) plantation fl	
Citizenship usa		Citizenship usa		Citizenship usa		Citizenship usa	
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. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone () 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 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		Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		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.	
U. Unknown Z. Other		P. Paraphernalia/Equipment S. Synthetics					
Charge Description theft		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 812.014 2c		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # 20-139017	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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)							
DEC 22 PM 12:44							
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.							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 12/22/2020			
HOLD for other Agency Name		Signature of Arresting Officer X		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) siena		ID # 7837		(PRINT)	
Intake Deputy		ID #	Pouch #	Transporting Officer siena		ID # 7837	Agency pbso
Witness here if subject signed with an 'X'							
DEC 23 2020							



SCANNED

PAGE 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		2 N.T.A	4 Request for Capias		
Agency Report Number 06-20-139017		Charge Type: Check as many as apply:		Special Notes:			
<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			
Name (Last, First, Middle) Maul, Hailey, A		Alias		Race W	Sex f	Date of Birth 07/16/1996	
Charge Description theft		812.014 2c		Charge Description			
Charge Description				Charge Description			
Victim's Name (Last, First, Middle) massage envy , ,		Race		Sex	Date of Birth		
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 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 checked="" type="checkbox"/> confessed to D/S Siena 7837 admitting to the below facts <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 21 day of DEC 20 20 at 7:08 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)							
<p>On the above stated date and time at the location of 2615 S SR 7 at the Massage Envy the above named defendant did commit the crime of theft. The defendant Hailey Maul an employee of Massage Envy was observed on camera selecting 16 items valued at \$608.20 and concealed them in her handbag. The defendant was observed on camera selecting cash out of the register and putting it in her left pocket. The amount missing based on register receipts was in the amount of \$240. The defendant took \$25 in tip money out of the front cash register drawer. The defendant exited the store with the items and admitted to having them at her residence.</p> <p>On 12/22 contact was made with the defendant. The defendant was read miranda warnings which she understood. Post miranda the defendant admitted to the above thefts and stated she had the items at home.</p> <p>Based on the above investigation probable cause exists to charge the defendant with grand theft pursuant to FSS 812.014 2c1. The defendant did intentionally deprive Massage Envy of their property.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH  _____ (Signature of Arresting/Investigative Officer) siena							
The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of Dec 20 20 by D/S Siena 7837 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S S. Septien #2020							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							

NOT A CERTIFICATE

ADMINISTRATIVE PROBABLE CAUSE STATEMENT

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #	ZONE	SUSPECT	DATE & TIME OF ORIGINAL EVENT/OFFENSE
20-139017	8-51	Hailey Maul	12/22/20
EVENT TYPE	DEPUTY	ID#	
theft	Siena	7837	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Freeland	Danielle		W	F
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
4-11-71	56	185	Blond	Hazel
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	STATE:	ZIP:
6931 Alisa Ave		WPB	FL	33413
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
Massage Envy BSB Wellington		2615 ST Rd 9 4500 Wellington, FL	FL	33414
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE
(561) 692-7777	(561) 305-0358	()	D.Freeland644@hotmail.com	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Danielle Freeland	
<p>New employee Hailey Maul started Sunday 12/20/20. A therapist of ours was missing his Apple watch, so the staff was searching for it while owner was looking at surveillance cameras at home. Hailey found the watch. Upon looking at the video's, we saw her at 19:08 enter the storage closet with a empty bag, and exit with 2 bags full of items. Video then shows her walking the bags out the front door. At 21:20 on video, she is shown open the cash register and taking out money and putting in her pocket. Just prior to that at 21:05 she is seen taking a gratuity envelope for a therapist, walking it to the office and putting it in her binder. Included here is a list of products that were missing</p>	
PAGE 1 OF 1	

READ AND SIGN	FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC
YOUR SIGNATURE: <i>x Danielle Freeland</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 12/23 TIME: 1:15
	SIGNATURE: <i>[Signature]</i> ID: 7837

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

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WITNESS VICTIM OTHER

CASE # 20-139017	ZONE: 8-51	SUSPECT: Hailey Maul	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 12/21/20
EVENT TYPE: theft		DEPT: Siena	ID#: 7837

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Freeland	FIRST NAME: Danielle	MIDDLE INITIAL:	RACE: W	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 4-11-71	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 185	YOUR HAIR COLOR: Blonde	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: 6931 Alisa Ave	<input type="checkbox"/> CHECK IF HOMELESS	CITY: WPB	STATE: FL	ZIP: 33413
YOUR WORK NAME & ADDRESS: Massage Envy BBB Wellington	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: 2615 ST Rd 7 #500 Wellington, FL	STATE: FL	ZIP: 33414
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 692-7777	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 305-0358	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: D.Freeland644@hotmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Danielle Freeland	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>New employee Hailey Maul started Sunday 12/20/20. A therapist of ours was missing his Apple watch, so the staff was searching for it while owner was looking at surveillance cameras at home. Hailey found the watch. Upon looking at the video's, we saw her at 19:08 enter the storage closet with a empty bag, and exit with 2 bags full of items. Video then shows her walking the bags out the front door. At 21:20 on video, she is shown open the cash register and taking out money and putting in her pocket. Just prior to that at 21:05 she is seen taking a gratuity envelope for a therapist, walking it to the office and putting it in her binder. Included here is a list of products that were missing</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Danielle Freeland	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 12/21 TIME: 1:30
	SIGNATURE: [Signature] ID: 7837

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

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 WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

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WITNESS VICTIM OTHER

CASE #:	20-139017	ZONE:	8-15	SUSPECT:	Hailey Maull	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	12/22/20
EVENT TYPE:	theft	DEPUTY:	Sierra	ID#:	7837		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
Warner		Tiffany		J	W	F	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:		
7/1/67		54	156	Blonde	Brown		
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:	
350 Crestwood circle #204				Royal Palm	FL	33411	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:	
Massage Envy BB6 Wellington				Wellington	FL	33414	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE
(561) 1092 7777		(561) 859 6217		(561) 847 4503		Spamanager0347 @envy.com	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Tiffany Warner

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

On Sunday December 20, 2020 New employee Hailey Maull @ (1908) pm was observed entering storage room w/ empty bag and leaving w/ 2 bags of products out the door to her car (on camera). Next @ (2105 pm) shes observed on camera taking therapist tip envelope to the office and putting it in her binder. At 2116²⁰⁰ pm observed on camera opening up register and taking money out and putting in her pocket. ^{when we} closed the register it was 240.00 short.

PAGE 1 OF 1

READ AND SIGN	
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC
YOUR SIGNATURE: <u>X</u>	SS: 117.10
	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: _____ TIME: _____
	SIGNATURE: _____ ID: <u>837</u>

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

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WITNESS VICTIM OTHER

CASE #: 20-139017	ZONE: 8-15	SUSPECT: Hailey Maul	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 12/22/20
EVENT TYPE: Theft	DEPT: Sheriff	ID#: 7837	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Warner	FIRST NAME: Tiffany	MIDDLE INITIAL: J	RACE: W	SEX: F
DATE OF BIRTH: 7/1/67 (MM/DD/YYYY)	YOUR HEIGHT: 54	YOUR WEIGHT: 156	YOUR HAIR COLOR: Blonde	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 350 Crestwood circle #204	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Royal Palm	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: Massage Envy BBG Wellington	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Wellington	STATE: FL	ZIP: 33414
WORK PHONE: (561) 692 7777 <input type="checkbox"/> CHECK IF NONE	CELL PHONE: (561) 849 6217 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: (561) 847 4503 <input type="checkbox"/> CHECK IF NONE	EMAIL: spamnager0347@massag	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Tiffany Warner

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

On Sunday December 20, 2020 New employee Hailey Maul @ (1908) pm was observed entering storage room w/ empty bag and leaving w/ 2 bags of products out the door to her car (on camera). Next @ (2105 p) shes observed on camera taking therapist tip envelope to the office and putting it in her binder. At 2116²⁰⁰ pm observed on camera opening up register and taking money out and putting in her pocket. When we closed the register it was 240.00 short.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC
YOUR SIGNATURE: X	DATE: AS: 12/10
	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: TIME: SIGNATURE: ID: 7837

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

Wellington MI025: Inventory Count Sheets

Report run on: Mon 12/21/2020

Print By: Manufacturer

\$ 608.20
~~549.70~~

\$608.20 total

Product	Barcode	Description	Counted	On-Hand
CyMe				
Shop Supply				
ENVCLB100: CYME CLARIFYING BOOST	810689030249		0	0
ENVCMEIPSCB3: CYME EXFOLIATING LIP SCRUB	810689030157	CyMe- Smooth Exfoliating Lip Scrub- Back Bar	2	2
ENVCYMEME03062: CYME PROTECT REFRESHING GEL SPF 30 BACKBAR	810689030621		2	2
ENVCYMLIPBLM2: CYME HYDRATING LIP BALM	810689030140	CyMe- Nourish Lip Balm- Back Bar	4	6
ENVENRBST100: CYME ENERGIZING BOOST	810689030218		0	0
ENVFIB100: CYME FIRMING BOOST	810689030225		0	1
ENVHYB100: CYME HYDRATING BOOST	810689030201		0	0
ENVPURBST100: CYME PURIFYING BOOST	810689030232		0	0
ENVRNWBST100: CYME RENEWING BOOST	810689030256		0	1
LNM99020160: CYME NOURISH HYDRATING WIPES	810689030638		4	6
OSMBBDEP240: CyMe Purify Gentle Cleanser	810689030577		0	0
OSMBBPOL120: CyMe Refine Enzyme Mask	810689030584		0	0
OSMPRDRES060: CyMe Nourish Repair Serum	810689030591		0	0
OSMPRDTRP100: CyMe Nourish Recovery Mask	810689030607		0	0
Jan Marini Skin Research				
Shop Supply				
JNRJ1410T: JAN MARINI HYL3D LIP COMPLEX TESTER	JNRJ1410T	Jan Marini Hyla3D Lip Complex Tester	0	0
JNRP00281: Jan Marini Micro Mask	814924011734		2	2
JNRP00301: Jan Marini BB C-ESTA Serum	814924011710		2	2
JNRP00341: Jan Marini BB Transformation Face Cream	814924011758	Transformation Face Cream	0	0
JNRP00381: Jan Marini BB Antioxidant Daily Face Protectant SPF33	814924010737		0	0
JNRP0040K: Jan Marini Resurfacing Gel Exfoliator with Prepping Solution	814924010751		2	2
JNRP0042: Jan Marini Prepping Solution	814924010799		2	3
JNRP0049T: Jan Marini C-ESTA Mask	814924010812		0	0
JNRP0050: Jan Marini BB C-ESTA Cleansing Gel	814924011680		2	3
JNRP01012: Jan Marini BB Clean Zyme	814924011697		2	3
JNRP01022: Jan Marini BB Skin Zyme	814924011741		2	2
JNRP0143: Jan Marini BB Retinol Plus Mask	814924011765		2	3

2 * \$30.00
our cost
retail price =

2 * \$8.00

1 * \$27.90

1 * \$17.00

1 * \$27.90

1 * \$19.40

Wellington MI025: Inventory Count Sheets

Report run on: Mon 12/21/2020

Print By: Manufacturer

~~\$ 549.70~~
\$ 608.20

Product	Barcode	Description	Counted	On-Hand
CyMe				
Shop Supply				
ENVCLB100: CYME CLARIFYING BOOST	810689030249		0	0
ENVCMEIIPSCB3: CYME EXFOLIATING LIP SCRUB	810689030157	CyME- Smooth Exfoliating Lip Scrub- Back Bar	2	2
ENVCYMEME03062: CYME PROTECT REFRESHING GEL SPF 30 BACKBAR	810689030621		2	2
ENVCYMLIPBLM2: CYME HYDRATING LIP BALM	810689030140	CyME- Nourish Lip Balm- Back Bar	4	6
ENVENRBST100: CYME ENERGIZING BOOST	810689030218		0	0
ENVFIB100: CYME FIRING BOOST	810689030225		0	1
ENVHYB100: CYME HYDRATING BOOST	810689030201		0	0
ENVPURBST100: CYME PURIFYING BOOST	810689030232		0	0
ENVRNWBST100: CYME RENEWING BOOST	810689030256		0	1
LNM99020180: CYME NOURISH HYDRATING WIPES	810689030638		4	6
OSMBBDEP240: CyMe Purify Gentle Cleanser	810689030577		0	0
OSMBBPOL120: CyMe Refine Enzyme Mask	810689030584		0	0
OSMPRDRES060: CyMe Nourish Repair Serum	810689030591		0	0
OSMPRDTRP100: CyMe Nourish Recovery Mask	810689030607		0	0
Jan Marini Skin Research				
Shop Supply				
JNRJ1410T: JAN MARINI HYL3D LIP COMPLEX TESTER	JNRJ1410T	Jan Marini Hyla3D Lip Complex Tester	0	0
JNRP00281: Jan Marini Micro Mask	814924011734		2	2
JNRP00301: Jan Marini BB C-ESTA Serum	814924011710		2	2
JNRP00341: Jan Marini BB Transformation Face Cream	814924011758	Transformation Face Cream	0	0
JNRP00381: Jan Marini BB Antioxidant Daily Face Protectant SPF33	814924010737		0	0
JNRP0040K: Jan Marini Resurfacing Gel Exfoliator with Prepping Solution	814924010751		2	2
JNRP0042: Jan Marini Prepping Solution	814924010799		2	3
JNRP00491: Jan Marini C-ESTA Mask	814924010812		0	0
JNRP0050: Jan Marini BB C-ESTA Cleansing Gel	814924011680		2	3
JNRP01012: Jan Marini BB Clean Zyme	814924011697		2	3
JNRP01022: Jan Marini BB Skin Zyme	814924011741		2	2
JNRP0143: Jan Marini BB Retinol Plus Mask	814924011765		2	3

\$608.20 total

2 * \$30.00
our cost 4
Retail price =

2 * \$8.00
4

1 * \$27.90
2

1 * \$17.00
2

1 * \$27.90
2

1 * \$119.40
2

MI025: Inventory Count Sheets

Report run on: Mon 12/21/2020

Product	Barcode	Description	Counted	On-Hand
JNRP06511: Jan Marini BB Age Intervention Face Cream	814924010881		0	0
JNRP1404: Jan Marini BB Luminating Eye Gel	814924012656		3	3
JNRP1404: Jan Marini Luminate Face Mask	814924011987		3	3
Massage Envy				
Shop Supply				
11249: ME MEDIUMS- CREAM - 5 gal	810689030270	ME Massage Cream	—	0
11250: ME MEDIUMS- CREAM - 2.5 gal	810689030287	ME Massage Cream	—	2
ENV1470LRG: ME ESTHETICIAN SMOCK - L	0000env1470lrg		—	1
ENV1470MED: ME ESTHETICIAN SMOCK - M	0000ENV1470MED		—	2
ENV1470SML: ME ESTHETICIAN SMOCK - S	0000env1470sm		—	2
ENV1SANI25GL: MASSAGE ENVY HAND SANITIZER 2.5 GALLONS	ENV1SANI25GL		—	0
ENVFACIALMM32OZ: ME MEDIUMS- FACIAL	810689030133	ME Facial Massage Medium	—	3
Obagi Medical				
Shop Supply				
OBG362032050522x: Obagi Professional-C Serum 15% - US	362032050522	Obagi Pro C Serum 15%	* 1 \$51.50 0	1
OBG362032070162: OBAGI RETINOL 1.0%	362032070162	OBAGI 360 RETINOL 1.0%	* 1 \$33.50 0	1
OBG362032070452: Obagi Nuderm Blend Fx	362032070452	Obagi Nuderm Blend Fx	* 2 \$99.00 0	2
OBG362032070490: Obagi BackBar Foaming Gel	362032070490		* 1 \$58.50 4	4
OBG362032070506: Obagi BackBar Exfoform Forte	362032070506		1	2
OBG362032070520: Obagi BackBar Gentle Cleanser	362032070520		3	3
OBG362032070537: Obagi BackBar Sun Shield Matte Broad Spectrum SPF 50	362032070537		0	0
OBG362032070551: Obagi BackBar Foaming Gel	362032070551		0	0
OBG362032070568: Obagi BackBar Hydrate	362032070568		4	4
OBG362032570518: Obagi 360 Exfoliating Cleanser	362032570518	Obagi 360 Exfoliating Clnsr	* 1 \$19.50 0	1
OBG50591: Obagi Professional-C™ Microdermabrasion Polish + Mask	362032050591		* 1 \$41.50 0	1
OBG70599: Obagi BackBar Hydrate Fx	362032070599		* 1 \$75.00 1	2
OBG74061: Obagi Elastiderm Eye Cream Sachets	362032070575		50	50
OBGSS001FB: Obagi Facial Brushes	OBGSS001FB		4	4
PCA Skin				
Shop Supply				
PCA10609: PCA SKIN FAN, 10/PACK	PCA10609		0	0
PCA11225: PCA SKIN PCA PEEL HYDROQUINONE	812025010489		1	1

MI025: Inventory Count Sheets

Report run on: Mon 12/21/2020

Product	Barcode	Description	Counted	On-Hand
JNRP06511: Jan Marini BB Age Intervention Face Cream	814924010881		<u>0</u>	0
JNRP1403: JAN MARINI BB LUMINATING EYE GEL	814924012656		<u>3</u>	3
JNRP1404: Jan Marini Luminate Face Mask	814924011987		<u>3</u>	3
Massage Envy				
Shop Supply				
11249: ME MEDIUMS- CREAM - 5 gal	810689030270	ME Massage Cream	_____	0
11250: ME MEDIUMS- CREAM - 2.5 gal	810689030287	ME Massage Cream	_____	2
ENV1470LRG: ME ESTHETICIAN SMOCK - L	0000env1470lrg		_____	1
ENV1470MED: ME ESTHETICIAN SMOCK - M	0000ENV1470MED		_____	2
ENV1470SML: ME ESTHETICIAN SMOCK - S	0000env1470sm		_____	2
ENV1SANI25GL: MASSAGE ENVY HAND SANITIZER 2.5 GALLONS	ENV1SANI25GL		_____	0
ENVFACIALMM32OZ: ME MEDIUMS- FACIAL	810689030133	ME Facial Massage Medium	_____	3
Obagi Medical				
Shop Supply				
OBG362032050522x: Obagi Professional-C Serum 15% - US	362032050522	Obagi Pro C Serum 15%	* \$51.00 <u>0</u>	1
OBG362032070162: OBAGI RETINOL 1.0	362032070162	OBAGI 360 RETINOL 1.0%	* \$33.50 <u>0</u>	1
OBG362032070452: Obagi Nuderm Blend Fx	362032070452	Obagi Nuderm Blend Fx	* 2 \$99.00 <u>0</u>	2
OBG362032070490: Obagi BackBar Bronze	362032070490		<u>4</u>	4
OBG362032070506: Obagi BackBar Exfoderm Forte	362032070506		* \$58.50 <u>1</u>	2
OBG362032070520: Obagi BackBar Gentle Cleanser	362032070520		<u>3</u>	3
OBG362032070537: Obagi BackBar Sun Shield Matte Broad Spectrum SPF 50	362032070537		<u>0</u>	0
OBG362032070551: Obagi BackBar Foaming Gel	362032070551		<u>0</u>	0
OBG362032070568: Obagi BackBar Hydrate	362032070568		<u>4</u>	4
OBG362032570518: Obagi 360 Exfoliating Cleanser	362032570518	Obagi 360 Exfoliating Clnsr	* / \$19.50 <u>0</u>	1
OBG50591: Obagi Professional-C™ Microdermabrasion Polish + Mask	362032050591		* / \$41.50 <u>0</u>	1
OBG70599: Obagi BackBar Hydrate LX	362032070599		* / \$75.00 <u>1</u>	2
OBG74061: Obagi Elastiderm Eye Cream Sachets	362032070575		<u>50</u>	50
OBGSS001FB: Obagi Facial Brushes	OBGSS001FB		84	4
PCA Skin				
Shop Supply				
PCA10609: PCA SKIN FAN, 10/PACK	PCA10609		<u>0</u>	0
PCA11225: PCA SKIN PCA PEEL HYDROQUINONE	812025010489		<u>1</u>	1

drawerhist

Shortcuts Service Codes

Opened by:
Mon 12/21/20 1:34 PM by Sabrinaaa

Closed by:
Mon 12/21/20 8:05 PM by MANDY

Opening Amount
\$200.00

Over/Short
-\$10.00

Main Drawer1061

(Management) we closed the register the following day.

Opened by:
Sun 12/20/20 9:28 AM by Sabrinaaa

Closed by:
Mon 12/21/20 1:32 PM by Sabrinaaa

Opening Amount
\$200.00

Over/Short

Main Drawer1061

Opened by:
Sat 12/19/20 8:05 AM by IVANNA

Closed by:
Sat 12/19/20 5:02 PM by Momo

Opening Amount
\$200.00

Over/Short
\$0.00

Main Drawer1061

Opened by:
Fri 12/18/20 8:59 AM by SAMP

Closed by:
Fri 12/18/20 8:06 PM by Jasminess

Opening Amount
\$200.00

Over/Short
\$0.00

Main Drawer1061

Opened by:
Thu 12/17/20 8:23 AM by Jasminess

Closed by:
Thu 12/17/20 8:15 PM by AshleyA1061

Opening Amount
\$200.00

Over/Short
\$0.00

Main Drawer1061

drawerhist

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\$200.00

Over/Short
\$0.00

Main Drawer1061

Opened by:

Closed by:



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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020029935	Date: 12/23/2020
	Specialist Name/ID: M. Tooks #8557