

J# 0335815 JOC 4432

		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				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>34-19-68635</b>					
	Charge Type: Check as many as Apply.	<input 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		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) <b>BBPD, 2043 High Ridge Rd, Boynton Beach</b>				Location of Offense (Business Name, Address) <b>219 SE 23rd Ave, Boynton Beach</b>						
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>Carlson, James P</b>		Alias (Name, DOB, Soc. Sec. #, Etc)								
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/16/1980</b>	Height <b>508</b>	Weight <b>185</b>	Eye Color <b>BLU</b>	Hair Color <b>BRN</b>	Complexion <b>LGT</b>	Build <b>MED</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Married</b>	Religion <b>Unknown</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"/>		
	Local Address (Street, Apt. Number) <b>803 Sunset Rd,</b>		(City) <b>Boynton Beach,</b>	(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>(561)893-0303</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>2</b>	
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>FL DL</b>			
	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Occupation <b>Accountant</b>			
	D/L Number, State <b>C642-455-80-456-0 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Panama Rep.</b>		Citizenship <b>US</b>		
	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		
CO-DEF	<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.						School Attended		Grade		
	<input type="checkbox"/> Yes, By: (Name)		<input type="checkbox"/> No: (Reason)								
	Property Crime?	Description of Property		Value of Property							
	Yes <input type="checkbox"/> No <input type="checkbox"/>										
JUvenile	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>Grand Theft over \$100k</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>812.014(2)(a) 1</b>	Violation of ORD#						
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>\$453,285</b>	Offense # <b>19-68635</b>	Warrant/Capias Number						
	Charge Description <b>Scheme to Defraud</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>817.034(4)(a)(1)</b>	Violation of ORD#						
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>19-68635</b>	Warrant/Capias Number						
	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number	Violation of ORD#						
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number						
	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number	Violation of ORD#						
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number						
	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number	Violation of ORD#						
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
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 <i>D. Whitefield</i>				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) <b>D. Whitefield</b>				I.D. # <b>966</b>		BU# <b>15313</b>			
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D. Whitefield</b>				I.D. # <b>912</b>		Agency <b>BBPD</b>			
Initials Deputy		I.D. #		Name of Arresting Officer (Print) <b>D. Whitefield</b>		I.D. # <b>912</b>		Agency <b>BBPD</b>			
Witness here is subject Signed with an 'X'.											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Copies	1	Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-68635				
Charge Type Check all that Apply		Special Notes Marsy's Law Invoked						
<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				
Name (Last, First, Middle) Carlson, James P			Alias	Race W	Sex M	Date of Birth 12/16/1980		
Charge Description Grand Theft over \$100k			Charge Description Scheme to Defraud					
Victim's Name (Last, First, Middle) B.C.			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 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 11th Day Of December 20 19 At 3:05 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

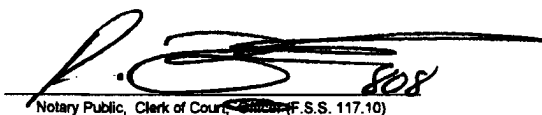
In the city of Boynton Beach, within the county of Palm Beach, I, Detective Whitefield, was assigned to investigate a grand theft that occurred from Nautilus Senior Home Care located at 219 SE 23rd Ave. The victim stated that he learned that his accountant and business administrator, James Patrick Carlson (DOB 12/16/1980), had been embezzling money from the company for a period of at least four years.

On January 16, 2020, I met with the victim and his office manager (witness 1) in the detective bureau interview room for a sworn taped statement during which time he stated that he fired Carlson on 12/11/2019 after learning that he had been manipulating the QuickBooks system to issue checks payable to himself from the business account. The victim provided me with all relevant documentation including Carlson's W2's and legitimate paychecks to differentiate the authorized payments from the fraudulent payments. The victim stated that Carlson would access the QuickBooks program and begin by writing a legitimate check to one of hundreds of employed vendors and caregivers. He would then save the check in the program, close it, then reopen it and change the payee to himself, Patrick Carlson, before printing the check with his own name on it. After printing the check, rather than save it, he would cancel it and the changes would revert back to the original payee name. QuickBooks master records show Carlson printed over 250 fraudulent checks totaling \$453,285. It was learned that many of the names used by Carlson in the QuickBooks system were people who were no longer employed by the business or fake names.

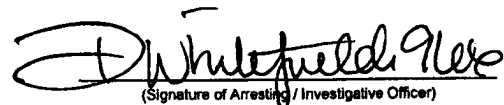
Carlson's bank records were subpoenaed confirming the deposits of all fraudulent checks into his personal accounts and business account, PTY Consulting, LLC. Contact was made with his attorney who advised that he does not wish to provide a statement.

Based on the aforementioned, I find probable cause to charge Carlson with one count of Grand Theft Over \$100,000 in violation of F.S.S. 812.014(2)(a) and one count of Scheme to Defraud in violation of F.S.S. 817.034(4)(a)(1).

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

  
Notary Public, Clerk of Court, F.S.S. 117.10

05/19/2020  
Date

  
(Signature of Arresting / Investigative Officer)

D. Whitefield  
(Print name of Arresting/Investigative Officer)

05/19/2020  
Date

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**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: 2020013243	Date: 05/23/2020
	Specialist Name/ID: AM/31562