

20CT1993 SB

ARREST / NOTICE TO APPEAR

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

OBIS Number	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4 0 20-001919</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
Location of Arrest (Including Name of Business) <b>300 E LINTON BLVD</b>		Location of Offense (Business Name, Address) <b>300 E LINTON BLVD, DELRAY BEACH, FL 33483</b>	
Date of Arrest <b>02/02/2020</b>	Time of Arrest <b>08:42</b>	Booking Date <b>02/02/2020</b>	Booking Time <b>08:52</b>
Jail Date <b>02/02/2020</b>		Jail Time <b>08:50</b>	Location of Vehicle <b>TOWED TO WESTWAY</b>

Name (Last, First, Middle) <b>LOPEZ GOMEZ, JAZMINA IDANIA</b>		Alias:		Alias (Name, DOB, Sex, etc.):	
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/13/1980</b>	Height <b>4'11</b>	Weight <b>140</b>	Eye Color <b>BROWN</b>
Hair Color <b>BLACK</b>		Complexion <b>LIGHT</b>		Build <b>SMALL</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Link <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number) <b>450 SW 2ND AVE 206, BOCA RATON, FL 33432</b>			(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number) <b>450 SW 2ND AVE 206, BOCA RATON, FL 33432</b>			(City)	(State)	(Zip)
Business Address (Name, Street)			(City)	(State)	(Zip)
D/L Number, State <b>L125429805930 / FL</b>	Sex, Sex Number	INS Number	Place of Birth (City, State) <b>MANAQUA, Nicaragua</b>	Citizenship	

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	Other	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)		(City)	(State)
(Zip)		Business Phone	
Notified by (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. FOT IAC 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			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of Property		Value of Property	

Drug Activity N. N/A P. Process	S. Sell B. Buy F. Traffic	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	P. Parapharmaceutical Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <b>NO DRIVERS LICENSE - NEVER HAD ONE ISSUED</b>	Statute Violation Number <b>322.03(1)</b>	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
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 <b>GOOD</b>	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <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 <input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By	Refused By	Released To
Transported By <b>JENKINS</b>	Date Transported <b>02/02/2020</b>	Time Transported <b>08:51</b>	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time <b>02/25/2020 08:31:00</b>
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 <b>JENKINS, HOWARD</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>JENKINS, HOWARD</b>	I.D.# <b>1160</b>
Intake Deputy	Transporting Officer <b>JENKINS</b>	I.D.# <b>1160</b>
I.D.#	Pouch #	Agency <b>DBPD</b>
Witness here if subject signed with an		

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS


SCANNED FEB 03 2020

FILED FEB 03 2020 OF CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 20-001919</b>	
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				W		F		
Name (Last, First, Middle) <b>LOPEZ GOMEZ, JAZMINA IDANIA</b>				Alias		Date of Birth <b>03/13/1980</b>		
Charge Description <b>322.03(1) NO DRIVERS LICENSE - NEVER HAD ONE ISSUED</b>				Charge Description				
Victim's Name (Last, First, Middle) <i>State of Florida</i>				Race		Sex		
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
Business Address (Name, Street) (City) (State) (Zip)				Phone		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 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>February</u>, <u>2020</u> at <u>08:58</u> (Specifically include facts constituting cause for arrest.)</p> <p>This occurred within the jurisdictional limits of the City of Delray Beach, Palm Beach County, State of Florida.</p> <p>On February 2, 2020, at 8:07 AM, while in the 300 block of East Linton Blvd, I observed a white in color Dodge Caravan traveling eastbound, with only the driver side brake light functioning.</p> <p>I conducted a traffic stop on the vehicle, using his marked patrol car with emergency lighting activated.</p> <p>The driver and sole occupant of the vehicle was identified by FL ID card as Jazmina Lopez Gomez. A records check revealed that Lopez Gomez's license was suspended on 11/08/2017. A check of DAVID revealed that Lopez Gomez has never been issued a FL Driver's License.</p> <p>Lopez Gomez was issued citation AD3PV8E for operating with unsafe or defective equipment, pursuant to Florida State Statute 316.215, as well as criminal citation AD3PV9E for No DL issued, pursuant to Florida State Statute 322.03(1).</p> <p>Due to the above stated facts, probable cause exists to charge Lopez Gomez with No DL issued, pursuant to Florida State Statute 322.03(1).</p>								
SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
<u>DEBREE, MICHAEL</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 <u>JENKINS, HOWARD (1160)</u> NAME OF OFFICER (PLEASE PRINT)				
<u>02/02/2020</u> DATE				<u>02/02/2020</u> DATE				
				PAGE 1 OF 1				



**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**

<b>Booking Number:</b> 2020003697	<b>Date:</b> 02/03/2020
	<b>Specialist Name/ID:</b> AM/31562

**SCANNED  
FEB 03 2020**