

OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias				3		Juvenile							
Agency ORI Number FLO 5 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06				21084823									
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				Multiple Clearance Indicator													
Location of Arrest (Including Name of Business) Case Filed				Location of Offense (Including Name of Business) Forest Hill Blvd/SR7				Wellington, FL 33414													
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A									
Name (Last, First, Middle) Wilhelm Joseph								Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 05/23/1984		Height 6'01		Weight 200		Eye Color Brown		Hair Color Black		Complexion Med		Build Med					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status Single		Religion Christian		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Yes									
Local Address (Street, Apt. Number) At Large				City		State		Zip		Phone		Residence Type 1 City 3 Florida 2 County 4 Out of State		2							
Permanent Address (Street, Apt. Number) 1112 Riverview Lane				City Conshohocken		State PA		Zip 19428		Phone		Address Source Verbal									
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation Unemployed									
D/L Number, State W445-487-84-183-0				Social Security Number				INS Number				Place of Birth PA		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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)										Phone									
Address (Street, Apt. No.)				City		State		Zip		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 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 561-355-2525) informed of any address change. <input type="checkbox"/> Yes by (Name) <input type="checkbox"/> No (Reason)												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. Possess		S. Sell B. Buy T. 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		P. Permethrin/ Etc. Insect		J. Inhalant Z. Other	
Charge Description Possession of Cocaine				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6a)				Violation or ORD. #									
Drug Activity P		Drug Type C		Amount/Unit 3 grams		Offense # 21084823		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Location (Court, Address, Room Number)																					
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>																					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer S. Murray ID # 24987				Name Verification (Printed by Arrestee) (PRINT) Page 1 of 1													
Intake Deputy ID # Pouch #				Transporting Officer ID # Agency				Witness here if subject signed with an "X"													

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		3	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21084823	
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Defendant Name (Last, First, Middle) Wilhelm Joseph				Race W		Sex M	
				Date of Birth 05/23/1984			
Charge Possession of Cocaine				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) State of Florida				Race		Sex	
				Date of Birth			
Local Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
14000 Greenbriar Blvd		Wellington, FL 33414		561-688-3400		Occupation	
The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence.							
<input type="checkbox"/> confessed to admitting to the below facts.							
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.							
<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the <u>11th</u> day of <u>July</u> 20 <u>21</u> at <u>8:51</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

On 07/11/2021, I was dispatched to the area of Forest Hill Blvd and SR7 located in Wellington, FL 33414 in reference to a medical call. Upon arrival, PBCFR was already on scene assisting the male who later identified as W/M Joseph Wilhelm 05/23/1984. Wilhelm was later transported to Wellington Regional Medical Center reference run# PBC21076773. It should be noted that the caller believed that Wilhelm may have been overdosing and that he was holding a small bag with unknown contents.

After Wilhelm was placed into the ambulance, A small yellow container was observed on the sidewalk where Wilhelm was seated. It was later discovered that this container contained 14 small blue bags with a white powder substance and what appeared to be several loose crack rocks. These items/packages were then field tested using a Sirchie Cobalt test kit which revealed positive results for cocaine. Also located was a plastic pipe which was burnt on one end. All items were photographed, collected and then placed into evidence.

Based on my above described investigation, I find that Joseph Wilhelm was knowingly in actual or constructive possession of cocaine or ecgonine, including any stereoisomer, salt, compound, derivative or preparation of cocaine or ecgonine, a controlled substance, contrary to Florida Statute 893.13(6)(a). (3 DEG FEL) (LEVEL 3)

The foregoing instrument was sworn to and affirmed before me this <u>11th</u> day of <u>July</u> 20 <u>21</u> by	
D/S Teitel 29113	S. Murray 24987
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>D/S D. Teitel 29113</i>	<i>S. Murray</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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