

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
 2. Arrest (With Warrant) 4. Request for Capias
 5. Juvenile Referral

1

NH

Agency ORI Number: 0500200	Agency Name: Boca Raton Police Department	Agency Report Number (If 3 or 4 digits): 3 2 2022-001762
Charge Type: <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:	If Weapon Seized: Enter Type: UNARMED	Multiple Clearance Indicator: <input type="checkbox"/>
Location of Arrest (Including Name of Business): 2621 N FEDERAL HWY, 2621 N FEDERAL HWY, BOCA RATON,		Location of Offense (Business Name, Address): 2621 N FEDERAL HWY, BOCA RATON, FL 33431
Date of Arrest: 02/10/2022	Time of Arrest: 00:19	Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____
Name (Last, First, Middle): BIGGAM, JULIANA RENEE		
Aliases: _____		
Race: W - White H - Black O - Oriental/Asian	Sex: M - Male F - Female	Date of Birth: 01/10/2003
Height: 5'03	Weight: 110	Eye Color: BROWN
Hair Color: BROWN	Complexion: LIGHT	Build: Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): S CATHOLIC		Indication of Alcohol Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Cask <input type="checkbox"/>
Local Address (Street, Apt. Number): 501 CLAIBORNE RD, STEVENSVILLE, MD 21666-3651		Phone: (410) 739-6833
Permanent Address (Street, Apt. Number): 501 CLAIBORNE RD, STEVENSVILLE, MD 21666-3651		Phone: (410) 739-6833
Business Address (Name, Street): FAU, 777 W GLADES RD BOCA RATON FL 33431		Phone: _____
D.U. Number, State: B250454734030 / MD		Citizenship: US
Co-Defendant Name (Last, First, Middle): _____		Race: _____ Sex: _____ Date of Birth: _____
Co-Defendant Name (Last, First, Middle): _____		Race: _____ Sex: _____ Date of Birth: _____
<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ Name (Last, First, Middle): _____ <input type="checkbox"/> Legal Custodian		Residence Phone: _____
Address (Street, Apt. Number): _____		Business Phone: _____
Notified by Name: _____		Date: _____ Time: _____
Released To (Name): _____		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: _____
<input type="checkbox"/> Yes, by _____ <input type="checkbox"/> No		Value of Property: _____
Drug Activity: <input type="checkbox"/> Sell <input type="checkbox"/> Possess <input type="checkbox"/> Traffic <input type="checkbox"/> Manufacture/Produce <input type="checkbox"/> Distribute <input type="checkbox"/> Other Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Ecstasy <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Inhalant <input type="checkbox"/> Synthetic		
Charge Description: ASSAULT - OFFICER, FIREFIGHTER, MEDICAL CARE PROVIDER		Statute Violation Number: 784.07(2A)
Drug Activity: N Drug Type: N Amount/Unit: / Offense #: / Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number: _____ Bond: _____
Charge Description: DISORDERLY INTOXICATION		Statute Violation Number: 856.011(4) RPT
Drug Activity: N Drug Type: N Amount/Unit: / Offense #: / Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number: _____ Bond: _____
Charge Description: UNAUTHORIZED POSSESSION OF DRIVER'S LICENSE		Statute Violation Number: 322.212(1B)
Drug Activity: N Drug Type: N Amount/Unit: / Offense #: / Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number: _____ Bond: _____
Health / Apparent Physical Condition of Defendant: _____		Any knowledge of the following: <input type="checkbox"/> Alcohol <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <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. Court-Set <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		Released By: _____ Released To: _____
Transported By: _____		Date Transported: _____ Time Transported: _____ Other: _____
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2		Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
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.		Court Date and Time: _____ Signature of Defendant (or Juvenile and Parent/Custodian): _____ Date Signed: _____
HOLD for Other Agency: _____ <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name Verification (Printed by Arrestee): _____ (PRINT): _____ Witness here if subject signed with an "X": _____
Initials: Bmulla ID #: 10342 Pouch #: _____ Name of Arresting Officer (Print): TIMONEY, R. P. ID #: 854 Transferring Officer: Timoney ID #: 854 Agency: BRPD		Page: 1 OF 2

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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ARREST - NOTICE TO APPEAR
Additional Charge List

Agency OR Number: 0500200		Agency Name: Boca Raton Police Department				Agency Report Number (N/A's only): 3 2 2022-001762					
U O D E	Drug Activity	S Sell	R Smuggle	K Disperse	M Manufacture	Z Other	Drug Type	B Barbiturate	H Hallucinogen	P Paraphernalia	U Unknown
	N N/A	P Buy	D Deliver	D Distribute	Produce		N N/A	C Cocaine	M Marijuana	E Ecstasy	Z Other
	P Possess	T Traffic	E Use		Cultivate		A Amphetamine	E Heroin	O Opioid-Derm	S Synthetic	
C H A R G E	Charge Description: RESIST/OBSTRUCT OFFICER W/O VIOLENCE						Statute Violation Number: 843.02		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Crime	Domestic Violence	Warrant	Captus Number	Bond		
			/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-001762			
Charge Type Check as many as apply <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		Special Notes					
Name (Last, First, Middle) BIGGAM, JULIANA RENEE		Alias		Race W	Sex F	Date of Birth 01/10/2003	
Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE		Charge Description 322.212(1C) UNAUTHORIZED POSSESSION OF IDENTIFICAT					
Charge Description 856.011(1) DISORDERLY INTOXICATION		Charge Description 784.07(2A) ASSAULT - OFFICER, FIREFIGHTER, MEDICAL					
Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race U		Sex U	Date of Birth		
Local Address (Street Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)		(State)	(Zip)	Phone (561) 338-1234	Address Source
Business Address (Name Street) (561) -		(City)		(State)	(Zip)	Phone (561) -	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"/> confessed to _____ <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation On the 10 day of February , 2022 at 01:24 (Specifically include facts constituting cause for arrest.)							
V2 state of Florida MVR Available. On February 9th, 2022, at approximately 2325 hours, I responded to 2621 N. Federal Hwy (Mixx) in reference to a disturbance involving code enforcement. While speaking with the code enforcement employee, a white female stormed out of the bar and knocked over the red barrier rope/silver stand and began to scream. She then ran to Ofc. Saavedra's marked patrol vehicle and began to pound her fists against the front driver side window. She was screaming that everyone was underage in the bar. It should be noted that the white female subject appeared to be visibly intoxicated. The odor of an alcohol beverage was coming from her person coupled with her slurred speech. V1 (Javaughn Gomes) observed the subject commit the disturbance stated above. He advised that she disrupted the peace. Ofc. Coccia discovered that Juliana R. Biggam was in possession of a fake Pennsylvania driver's license, which was located while trying to identify her during my disorderly intoxication investigation. It should be noted that the Pennsylvania driver's license displayed a date of birth of January 10th, 1999, instead of her actual date of birth of January 10th, 2003. While speaking Ofc. Saavedra a few feet away from Ofc. Ricciardi, I heard a scuffle, turned around and then saw the subject (Juliana Renay Biggam) physical fighting with Ofc. Ricciardi. I ran over and assisted her in guiding Biggam to the ground and placing her into my department issued handcuffs. (See Ofc. Ricciardi's supplement for further). When guiding Biggam to the ground, she began to tense and pull away from me. The fake driver's license was submitted into Boca Raton Police Department evidence.							
SWORN AND SUBSCRIBED BEFORE ME MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/10/2022 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TIMONEY, RYAN PAUL (854) NAME OF OFFICER (PLEASE PRINT) 02/10/2022 DATE					

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-001762			
Charge Type Check as many as apply: <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		Special Notes					
Name (Last First Middle) BIGGAM, JULIANA RENEE				Race W	Sex F	Date of Birth 01/10/2003	
<p>Based upon my investigation, Juliana Renay Biggam was arrest for possession of a fictitious driver's license, disorderly intoxication, assault on a law enforcement officer and resisting without violence pursuant to F.S.S 856.011(1), 784.07(2)(a), 322.212(1)(c), 843.02.</p>							
<p style="font-size: 2em; opacity: 0.3; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>							
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>MCINNIS, BRYAN MICHAEL <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small></p> <p><u>02/10/2022</u> <small>DATE</small></p> </div> <div style="width: 45%; text-align: center;"> <p> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small></p> <p>TIMONEY, RYAN PAUL (854) <small>NAME OF OFFICER (PLEASE PRINT)</small></p> <p><u>02/10/2022</u> <small>DATE</small></p> </div> </div>							



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022003819	Date: 02/10/2022
	Specialist Name/ID: T Howard/7185