

0514426

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20CF993 MB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest	3. Request for Warrant	Juvenile
FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.		2. N.T.A.	4. Request for Capias	N
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		
FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.		7 8 - 2 0 - 1 0 0 0 6 8 8 () ()		
Charge Type: Check as many as apply.		3. Misdemeanor		If Weapon Seized		Multiple Clearance Indicator
<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)				
PGA Blvd / Mall Rd, P.B.G., FL 33410		PGA Blvd / Mall Rd, P.B.G., FL 33410				
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
0 1 3 1 2 0 0 2 4 2						Kaufffs Towing
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Arnold, Kade N						
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
W - White B - Black O - Oriental	W M	0 9 2 1 9 6	5'10"	145	Hazel	Brown
Complexion		Build		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
light		Slim				
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type:
2577 112th LT North		PB6	FL	33410	(561) 699-8109	1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
2577 112th CT North		PB6	FL	33410	(561) 696 8109	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
					()	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)
A654 514 96 341 0						Fort Lauderdale, FL
Citizenship		US				
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	
Parent Legal Custodian		Name (Last)		(First)	(Middle)	Residence Phone
Other:						()
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
					()	
Notified by: (Name)		Date	Time	Juvenile Disposition		
				1. Handled/Processed within Dept. and Released 2. TOT DCF 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 parent. 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: (Name) <input type="checkbox"/> No: (Reason)						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other
N. N/A		B. Buy	D. Deliver			
P. Possess		T. Traffic	E. Use			
Drug Type		B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	Z. Other
N. N/A		C. Cocaine	M. Marijuana	S. Synthetic		
A. Amphetamine		F. Heroin	O. Opium/Deriv.			
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #
Possess controlled substance (Marijuana)		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 9 3 1 1 3 (16)(A)		
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number
P		M	74.9 GMS			Bond
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #
Possess controlled substance (THC oil)		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 9 3 1 1 3 (16)(A) ZTS		
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number
P		M	5 MS + unit RTS			Bond
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #
Possess Paraphernalia		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 9 3 1 1 4 7 (11)		
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number
P		P				Bond
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #
Driving w/ suspended license w/ emulatio		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3 2 2 1 3 4 (12)		
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number
						Bond
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)				
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time				
		Month	Day	Year	Time	
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		SCANNED		
				JAN 31 2020 P.M.		
HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arresting)		
Name:		X		FILED		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		(PRINT)		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		R. Smith		JAN 31 2020		
Intake Deputy		I.D. #	Pouch #	Transposing Officer		I.D. #
Spear 814				C. Carver		471
DISTRIBUTION:		WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY
						PINK - JAIL
						GOLD - DEFENDANT
Agency		I.D. #		Agency		
PB6PD		489		PB6PD		
Witness here if subject signed with intent		CIRCUIT & COUNTY COURTS				
		PAGE 1 OF 1				

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-000688
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) ARNOLD, KADE NICHOLAS	Alias	Race W	Sex M	Date of Birth 09/21/1996
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Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION	Charge Description 893.147(1) DRUGS - POSSESS AND/OR USE DRUG PARAPHE
Charge Description 322.34(2) DL - SUSPD - DRIVING W/ SUSPND/REVKD/ CA	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.



On the **31** day of **January**, **2020** at **02:16** (Specifically include facts constituting cause for arrest)

On January 31, 2020, at approximately 02:16 hours, I was patrolling the area of Fairchild Gardens Avenue and PGA Boulevard in Palm Beach Gardens, Florida 33410. My department issued body worn camera was utilized during this call.

While stopped at the red light facing eastbound on PGA Boulevard, I conducted a routine records check on a silver Honda Accord, bearing Florida tag LVPT68, which was stopped next to me. The records check revealed that the registered owner had a suspended driver's license. The registered owner was a white male who was born in 1996. I pulled my patrol vehicle forward to get a better view of the driver, who was a white male that appeared to be the same age as the registered owner. After the light turned green I got behind the vehicle and initiated a traffic stop at Mall Road and PGA Boulevard.

When I approached the driver's side window, I saw a white male who was identified by his Florida Driver's License as Kade Arnold, who was not the registered owner of the vehicle. A routine records check was conducted on his driver's license to ensure his license was valid, the records check revealed that his license was suspended. Kade was told to exit the vehicle at this time. It should be noted that while speaking to Kade initially, an odor of raw marijuana was emanating from vehicle and as Kade opened the door to exit the smell intensified. I informed Kade that his license was suspended, and that the vehicle would be towed. It should be noted the Kade was the sole occupant of the vehicle.

Prior to towing the vehicle and per department policy, I began inventorying the contents of the vehicle for any valuables. Officer Carver also noticed trace amounts of marijuana, also known as "shake", on the passenger seat of the vehicle as the inventory began. While inventorying a backpack on the passenger floorboard, I located 3 pint-sized plastic bags containing suspected marijuana. Also located inside the backpack was a larger gallon-sized plastic bag with suspected marijuana and multiple empty pint-sized

SWORN AND SUBSCRIBED BEFORE ME	
BEATH, DENNIS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
01/31/2020 DATE	SMITH, RYAN (489) NAME OF OFFICER (PLEASE PRINT)
	01/31/2020 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OETS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 718 20-000688
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input checked="" 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) ARNOLD, KADE NICHOLAS	Alias	Race W	Sex M	Date of Birth 09/21/1996
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plastic bags. The total packaged weight of all the suspected marijuana located in the vehicle was 74.9 grams. The suspected marijuana was field tested with a Scott Regeant NARK II test kit which provided a presumptive positive for Tetrahydrocannabinol (THC).

Upon further searching, I located a scale in the storage space under the radio, with suspected marijuana residue on it. Also located in the center console was a THC oil cartridge that was in an unopened box that read "MUHA MEDS, LIVE RESIN, STRAWBERRY SHORTCAKE, SATIVA, 1000 MG" on the front and a QR code on the back that links to the products description and stated the product contained 93.087% THC in it. The THC oil was placed into evidence for safekeeping.

Arnold was advised his Miranda Warnings from a department issued preprinted card and stated he understood them and still wished to talk to me. Arnold advised the backpack on the passenger floorboard was his as well as the suspected marijuana located inside of it. Arnold further confirmed that the scale was his and the THC oil cartridge was his and was able to explain to me its use and that there was both THC and CBD inside of it. Arnold also stated he had paid off one of two tickets that had suspended his license and knew that he still had to pay the second ticket. Post Miranda, Sergeant Beath asked Arnold if he held a Medical Marijuana Card, to which Arnold replied no. Arnold did advise that he applied for one approximately three months ago, however has not received a card yet.


Due to the totality of the circumstances I find there to be probable cause for the arrest of Kade Arnold for the following charges:

- Possession of marijuana over 20 grams pursuant to Florida State Statute 893.13(6) (A)
- Possession of drug paraphernalia pursuant to Florida State Statute 893.147(1)
- Driving with a suspended license with knowledge pursuant to Florida State Statute 322.34(2).

Arnold was placed into handcuffs, which were checked for fit and double locked, and transported to the Palm Beach Gardens Police Department Booking for processing and subsequently transported to the Palm Beach County Jail.

All suspected marijuana and paraphernalia were placed into the Palm Beach Gardens Evidence Section.

The vehicle was towed away from the scene by Kauff's Towing and an inventory sheet was completed.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	BEATH, DENNIS	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SMITH, RYAN (489)
	01/31/2020	NAME OF OFFICER (PLEASE PRINT)
	DATE	01/31/2020
		DATE



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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020003475	Date: 1/31/2020
	Specialist Name/ID: M. Tooks #8557

**SCANNED
JAN 31 2020**