

2020CF945BXX

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 19-003661	
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 NONE		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address) 1140 TOWN CENTER DR, JUPITER, FL 33458			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) BEN EZRA, KENNETH ALLEN		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 08/22/1972	Height 5'11	Weight 200	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 3021 FRANKLIN PLACE, PALM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)	Phone (561) 308-5013		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 3021 FRANKLIN PLACE, PALM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)	Phone (561) 308-5013		Address Source	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation Unknown	
D/L Number, State B526501723020 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) MI, United States Of		Citizenship US			

Custodian 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	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		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. TOT JAC 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. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DRUGS - POSSESSION OF COCAINE					Statute Violation Number 893.13(1) COCAINE		Violation of ORD #
Drug Activity	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					Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <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. County Jail		PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
Transported By		Date Transported	Time Transported	Other			

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		No Photo Available
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and 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 COMTEMPT 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 <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) KITCHENS, GUY WILLIAM		(PRINT)	
Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
Witness here if subject signed with an "X".					PAGE 1 OF 1

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

PROBABLE CAUSE AFFIDAVIT

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

3 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-003661
Charge Type: <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				Special Notes:

Name (Last, First, Middle) BEN EZRA, KENNETH ALLEN	Alias	Race W	Sex M	Date of Birth 08/22/1972
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Charge Description 893.13(1) COCAINE DRUGS - POSSESSION OF COCAINE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) FLORIDA, STATE	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) , FL 33408	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.
 confessed to **OFC KITCHENS** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **20** day of **August**, **2019** at **17:30** (Specifically include facts constituting cause for arrest.)

On 8/9/2019 at approximately 2150 hours I responded to the four-story Edna Hibel parking garage located at 1140 Town Center Drive for a possible drug investigation. Upon arrival MPO Banegas (328) informed me that he observed two white males (later be known as [redacted] Kenneth Allen Ben Ezra w/m 8-22-72) possibly snorting narcotics through a rolled up dollar bill. Through my training and experience I have found rolled up dollar bills are typically utilized to snort loose base cocaine.

I made contact with both parties who quickly became apologetic. I saw on the driver floor board of the vehicle a cell phone with white powder on the screen. I asked both parties if there were narcotics inside of the vehicle and both [redacted] Ezra stated, "yes".

I read Miranda Rights to both [redacted] Ezra, who both stated they under stood all of their rights. During post Miranda, [redacted] stated that there was cocaine inside of the vehicle. Ezra stated that the cocaine is in his cigarette back. I requested consent to enter the vehicle and both parties agreed. Inside the white Buick 4-door sedan bearing Michigan tag: EBL5726, I located a cigarette pack in the cup holder of the center console. Inside of the pack contained 2 small bags of loose white powder that I recognized as cocaine. A cocaine field test kit confirmed that the white powder was in fact cocaine.

When I asked Ezra [redacted] if they were both snorting the cocaine on the cell phone, both parties shook their heads up and down meaning yes they did. I asked whose cocaine was in the two bags and both [redacted] Ezra stated it was both of theirs. When I asked who they bought it from [redacted] stated that he called a dealer and the dealer drove it to the Town Center area of Abacoa and dropped it off to him. Ezra stated that he typically doesn't use cocaine but he just got back in town and has had a difficult 2019 so far and wanted to just feel good that night.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER KITCHENS, GUY WILLIAM (1156)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
08/20/2019	08/20/2019
DATE	DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

3

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name		Agency Report Number	
	FL 0501700		JUPITER POLICE DEPARTMENT		5 4 19-003661	
	Charge Type: Check as many as apply:		Special Notes:			
<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		
Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth
BEN EZRA, KENNETH ALLEN				W	M	08/22/1972

It was determined that charges will be pending on [REDACTED] Ezra due to further investigation. The cocaine, which weighed a total of 1.7 grams, was placed into evidence. My BWC was utilized during the investigation.

On December 16, 2019 I completed my investigation and found that [REDACTED] Ezra were 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).

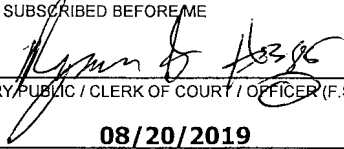
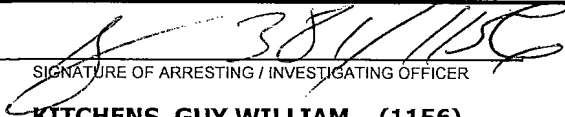
A warrant for arrest will be filed with the State Attorney's Office.

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SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 KITCHENS, GUY WILLIAM (1156) NAME OF OFFICER (PLEASE PRINT)	
08/20/2019 DATE		08/20/2019 DATE	
		PAGE 2 OF 2	