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ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 20-002570		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE									
DEF END ANT	Charge Type: Check as many as apply		1. Felony <input checked="" 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 <input type="checkbox"/>		If Weapon Seized		Enter Type NONE		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) 6812 W INDIANTOWN RD, JUPITER FL								Location of Offense (Business Name, Address) 6812 W INDIANTOWN RD, JUPITER, FL 33458															
	Date of Arrest 07/26/2020		Time of Arrest 21:12		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) FRANCISCO, MARIA																							
DEF END ANT	Alias:																							
	Race W - White <input type="checkbox"/> 1 - American Indian <input type="checkbox"/> B - Black <input type="checkbox"/> 2 - Oriental/Asian <input type="checkbox"/>		Sex F		Date of Birth 07/10/1995		Height 4'09		Weight 90		Eye Color BROWN		Hair Color BLACK		Complexion LIGHT		Build Slender							
	Local Address (Street, Apt. Number) (City) (State) (Zip) 203 E GATEWAY BLVD, BOYNTON BEACH, FL 33435								Marital Status S		Religion OTHER		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>											
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 203 E GATEWAY BLVD, BOYNTON BEACH, FL 33435								Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL		Occupation Unemployed											
DEF END ANT	D/L Number, State F652540957500 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US															
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>													
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>													
	Name (Last, First, Middle)																							
DEF END ANT	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)																					
	<input type="checkbox"/> Legal Custodian		Residence Phone																					
	Address (Street, Apt. Number) (City) (State) (Zip)																							
	Business Phone																							
DEF END ANT	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.																							
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property				Value of Property																	
DEF END ANT	Drug Activity		S. Sell		R. Smuggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Parapharmacia/Equipment		U. Unknown			
	N. N/A		E. Buy		D. Deliver		E. Use						A. Amphetamine		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic			
	P. Possess		T. Traffic																					
	Charge Description DRUGS - POSESSION OF HEROIN																							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number 893.13 (4)(b)(6)(A)		Violation of ORD #								
N		N		/		/		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				HR		1000.00								
Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA) MDMA																								
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number 893.13(6)(A)		Violation of ORD #								
N		N		/		/		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				(A)		1000.00								
Charge Description																								
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #								
				/						<input type="checkbox"/> Y <input type="checkbox"/> N														
DEF END ANT	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			
DEF END ANT	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court																Location (Court, Room)							
	<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.																No Photo Available							
	Signature of Defendant (or Juvenile and Parent/Custodian)																Date Signed							
DEF END ANT	HOLD for Other Agency																Signature of Arresting Officer [Signature]							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other																Name of Arresting Officer (Print) ROCHA, LUIS							
	Intake Deputy DS COLLINS 7622																Transporting Officer L. Rocha							
	I.D. # 327/1177																I.D. # 1177							
Pouch #																Agency JPD								
Witness here if subject signed with an "X".																PAGE 1 OF 1								

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

SCANNED

JUL 27 2020

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	OBT Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-002570	
	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		Special Notes:	
Name (Last, First, Middle) FRANCISCO, MARIA		Alias		Race W	Sex F	Date of Birth 07/10/1995		
C H A R G E S	Charge Description 893.13 (6)(A) DRUGS - POSSESSION OF HEROIN		Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP					
	Charge Description		Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Address (Name, Street)		(City)		(State)		(Zip)	
P R O B A B L E C A U S E	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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>26</u> day of <u>July</u> , <u>2020</u> at <u>23:42</u> (Specifically include facts constituting cause for arrest.)							
	On 07/26/2020 the LPR on W Indiantown just east of I-95 alerted units of a vehicle with a stolen tag in the area. The tag was FL tag# 960SX, which was attached to a dark colored sedan, possibly a black 4door BMW.							
	I located the vehicle at the Shell Gas Station at 6812 W Indiantown Rd. The vehicle was stopped at the air pump station with one black male and one white female standing outside of the vehicle utilizing the air pump. The black male got into the vehicles driver seat, and that is when OFC Lopez, OFC Schneider and I activated our emergency lights and boxed in the vehicle. At this time there was a felony stop conducted on the vehicle where the driver and passenger were both placed into handcuffs. It should be noted, through my training and experience I know it is common practice for criminals to attach stolen tags to stolen vehicles.							
	A records showed that the vehicle, a blue 2004 4-door BMW, was unregistered and the tag attached did not belong to it. A tow by rotation was requested. During the inventory of the vehicle there was a clear plastic bag containing two capsules with a brown substance inside and a small clear baggy containing a white powdery substance. Through my training and experience, I know that illegal drugs are transported in plastic baggies and capsules, much like the ones that were found. The plastic bag was found in a beige purse that was sitting on the passenger seat. In the purse there was an ID for the passenger, Maria Francisco (W/F 07/10/1995).							
I read Maria her Miranda Warnings and asked her about the contents in her purse. Maria stated that they belonged to the driver and that he put it in her purse. Maria eventually stated that it is heroin and molly (A.K.A MDMA) that was in the plastic bag. Maria went on to say that she usually snorts the molly and heroin.								
From my investigation and statements made on scene there is probable cause that Maria								
SWORN AND SUBSCRIBED BEFORE ME <u>B. Lopez 325</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>7-27-20</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>[Signature]</u> 327/1177 ROCHA, LUIS (1177) NAME OF OFFICER (PLEASE PRINT) <u>07/26/2020</u> DATE				

SCANNED
JUL 27 2020

Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 4 20-002570**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Name (Last, First, Middle) **FRANCISCO, MARIA** Race **W** Sex **F** Date of Birth **07/10/1995**

Francisco was knowingly in actual or constructive possession of HEROIN, a controlled substance, contrary to Florida Statute 893.13(6) (a) and was knowingly in actual or constructive possession of a substance classified within Schedule I, Florida Statute 893.03(1), commonly known as MOLLY and/or MDMA, a controlled substance, contrary to Florida Statute 893.13(6) (a).

Maria was placed under arrest and put into handcuffs. OFC Anderson arrived on scene to search Maria before she was transported to the Jupiter Police Department for paperwork. Maria was subsequently transported and booked in to the Palm Beach County Jail.

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SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
 7-27-20
 DATE

 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
ROCHA, LUIS (1177)
 NAME OF OFFICER (PLEASE PRINT)
07/26/2020
 DATE

PAGE 2 OF 2



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

REVIEW COMPLETED BY

Booking Number: 2020017848	Date: 7/27/2020
	Specialist Name/ID: Gammage/5660

SCANNED
 JUL 27 2020